NHS Lothian Board

Wed 23 June 2021, 10:30 - 13:00

MS Teams

Agenda

10:30 - 10:35
5 min

1. Welcome

Verbal *Esther Roberton*

10:35 - 10:37
2 min

2. Apologies for Absence

Verbal *Esther Roberton*

10:37 - 10:40
3 min

3. Declaration of Interests

Verbal *Esther Roberton*

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that changes in circumstances are reported within one month of them changing. Please notify changes to Lesley.H.MacDonald@nhslothian.scot.nhs.uk

For further information around declarations of interest please refer to the code of conduct section of the Board Members' Handbook.

Items for Approval or Noting

10:40 - 10:45
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *Esther Roberton*

4.1. Minutes of Previous Board Meeting held on 07 April 2021

For Approval *Esther Roberton*

07-04-21 Public Board Minutes (draft to Board).pdf (14 pages)

4.2. Audit & Risk Committee Minutes - 23 November 2020 & 22 February 2021

For Noting *Martin Connor*

Audit and Risk Committee Minutes 23-11-2020.pdf (6 pages)
Audit and Risk Committee Minutes 22-02-2021.pdf (8 pages)

4.3. Finance & Resources Committee Minutes - 10 March 2021 & 21 April 2021

For Noting *Martin Hill*

Finance and Resources Committee Minutes 10-03-2021.pdf (6 pages)
Finance and Resources Committee Minutes 21-04-2021.pdf (5 pages)

4.4. Healthcare Governance Committee Minutes - 23 March 2021

For Noting *Fiona Ireland*

Healthcare Governance Committee Minutes 23-03-2021.pdf (6 pages)

4.5. Staff Governance Committee Minutes - 17 February 2021

For Noting *Bill McQueen*

Staff Governance Committee Minutes 17-02-2021.pdf (7 pages)

4.6. Edinburgh Integration Joint Board Minutes - 02 February 2021

For Noting *Angus McCann*

Edinburgh IJB Minutes 02-02-2021.pdf (4 pages)

4.7. West Lothian Integration Joint Board Minutes - 18 March 2021

For Noting *Bill McQueen*

West Lothian IJB Minutes 18-03-2021.pdf (7 pages)

4.8. Midlothian Integration Joint Board Minutes - 11 February 2021

For Noting *Carolyn Hirst*

Midlothian IJB Minutes 11-02-2021.pdf (9 pages)

4.9. Appointment of Members to Committees / Integration Joint Boards

For Approval *Esther Roberton*

Board appointments report 23 June 21 (final 100621).pdf (4 pages)

Items for Discussion

10:45 - 10:50
5 min

5. Board Chair's Report - June 2021

Verbal *Esther Roberton*

10:50 - 11:05
15 min

6. Board Executive Team Report - June 2021

Discussion *Calum Campbell*

Board Executive Team Report June 2021[Final].pdf (17 pages)

11:05 - 11:10
5 min

7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

Verbal *Esther Roberton*

11:10 - 11:25
15 min

8. NHS Lothian Board Performance Paper

Discussion *Jim Crombie*

Board Paper Performance_June2021 Final.pdf (21 pages)

11:25 - 11:35
10 min

9. Oversight of Care Homes

Discussion *Alex McMahon*

- Lothian Care Home Annual Report Board Paper June 2021.pdf (8 pages)
- NHS Lothian Care Homes Annual Report 2020 21.pdf (63 pages)
- NHS Lothian Care Home Framework FINAL 14.06.21.pdf (257 pages)

11:35 - 11:50
15 min

10. COVID Vaccination Programme

Discussion *Alex McMahon*

- Board Paper Covid Vaccination 11.06.21.pdf (7 pages)

11:50 - 12:05
15 min

11. NHS Lothian Remobilisation Plan 3

Discussion *Colin Briggs*

- NHS Lothian RMP3 formal paper to Board - 23-06-2021.pdf (3 pages)
- RMP3 LOTHIAN FINAL.pdf (140 pages)

12:05 - 12:20
15 min

12. Lothian Strategic Development Framework Progress

Discussion *Colin Briggs*

- Board LSDF paper June 21.pdf (5 pages)
- Appendix 1.pdf (4 pages)
- Appendix 2 - fixed points.pdf (1 pages)
- Appendix 3 - principles and assumptions.pdf (1 pages)

12:20 - 12:35
15 min

13. 2020/2021 Financial Position

Discussion *Susan Goldsmith*

- NHS Lothian 2021 finance report - Board 23 June 2021.pdf (7 pages)

12:35 - 12:50
15 min

14. Corporate Risk Register

Discussion *Tracey Gillies*

- Board Corporate Risk Register Paper 23 June 2021 Final.pdf (13 pages)

12:50 - 12:55
5 min

15. Any Other Business

Verbal *Esther Roberton*

12:55 - 12:58
3 min

16. Reflections on the Meeting

Verbal *Esther Roberton*

12:58 - 12:59
1 min

17. Future Board Meeting Dates

For Noting *Esther Roberton*

04 August 2021
06 October 2021
01 December 2021

12:59 - 13:00
1 min

18. Invoking of Standing Order 5.23 - Resolution to take items in closed session

Decision *Esther Roberton*

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 07 April 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Ms E Roberton (Chair); Mr M Hill (Vice-Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr W McQueen; Cllr D Milligan; Mr T Waterson; Dr R Williams; Ms K Kasper; Ms N McKenzie; Mr J Encombe; Miss F Ireland; Prof. S Chandran; Cllr J McGinty and Cllr S Akhtar.

Executive Board Members: Mr C Campbell (Chief Executive); Miss T Gillies (Executive Medical Director); Prof. A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare); Ms K Dee. (Interim Director of Public Health and Health Policy) and Mrs S Goldsmith (Director of Finance)

In Attendance: Mr J Crombie (Deputy Chief Executive); Mrs J Butler (Director of HR & OD); Mrs J Mackay (Director of Communications & Public Engagement); Mr P Lock (Director of Improvement); Mrs J Campbell (Chief Officer, Acute Services); Mr C Briggs (Director of Strategic Planning); Mr A Short (Chief Officer, West Lothian HSCP); Ms A Macdonald (Chief Officer, East Lothian HSCP); Mr David Small (Director of Primary Care Transformation); Ms G McAuley (Nurse Director - Acute Services)(Shadowing Prof. McMahon); Ms J Stonebridge (Public Health Consultant) (Shadowing Ms Dee); Mr S Malzer (Public Involvement Manager) (for item 12); Mr A Payne (Head of Corporate Governance) and Mr C Graham (Secretariat Manager).

Apologies for absence: None received.

1. Declaration of Financial and Non-Financial Interest

1.1 The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Cllr Gordon commented that he was now the Chair of the Pharmacy Practices Committee, the terms of reference for which would be reviewed at item 3.14.

2. Chair's Introductory Comments

2.1 The Chair welcomed members and guests to the meeting and recognised that this would be Mrs Mitchell and Mr Ash's last formal board meeting before they stood down from the Board. The Chair also noted that this would be Mr Small's last Board meeting before his retirement. The Chair welcomed Cllr Akhtar and Prof. Chandran to their first formal Board meetings since becoming Board Members.

2.2 The Chair highlighted that this was the first Board meeting since the migration of the final services to the RHCYP/DCN on 23 March 2021. The Chair paid tribute to all the staff involved with arriving at the point where the new hospital was fully open and operating. It was acknowledged that coverage around the final moves had been very positive and that there had been great work between the NHS Lothian Communications team and the Edinburgh Children's Hospital Charity on the publicity campaign. The Charity had also provided outstanding support to patients and families in the recent difficult times. The Chair also paid tribute to Ms Fiona Mitchell who would now be retiring following the completion of the RHCYP/DCN moves.

2.3 The Chair also mentioned some other staff moves with Mr Allister Short moving from his Chief Officer role with West Lothian Integration Joint Board to take over for Ms Fiona Mitchell as Director for Women and Children's Services. Ms Alison White would be moving from Midlothian Integration Joint Board to become Chief Officer in West Lothian.

Items for Approval

3. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. There had been no such requests.

3.1 Minutes of Previous Board Meeting held on 03 February 2021 – Minutes were approved.

3.2 Finance & Resources Committee Minutes – 20 January 2021 – Minutes were noted.

3.3 Healthcare Governance Committee Minutes – 12 January 2021 – Minutes were noted.

3.4 Staff Governance Committee Minutes – 16 December 2020 – Minutes were noted.

3.5 Edinburgh Integration Joint Board Minutes – 15 December 2020 – Minutes were noted

3.6 West Lothian Integration Joint Board Minutes – 19 January 2021 – Minutes were noted

3.7 East Lothian Integration Joint Board Minutes – 10 December 2020 – Minutes were noted

3.8 Midlothian Integration Joint Board Minutes – 10 December 2020 – Minutes were noted

3.9 Appointment of Members to Committees – The Board agreed to:

- Stand down Bill McQueen and Dr Richard Williams as members of the Audit & Risk Committee.
- Stand down Councillor John McGinty and Peter Murray as members of the Finance & Resources Committee.
- Appoint Councillor Shamin Akhtar and Nancy McKenzie as members of the Finance & Resources Committee.
- Appoint Jock Encombe as a member of the Healthcare Governance Committee.
- Appoint Fiona Ireland as the Chair of the Healthcare Governance Committee.
- Stand down Katharina Kasper as a member of the Remuneration Committee.
- Appoint Nancy McKenzie as a member of the Remuneration Committee.
- Stand down Councillor John McGinty and Councillor Derek Milligan as members of the Staff Governance Committee.
- Appoint Prof. Siddarthan Chandran as a member of the Staff Governance Committee.
- Appoint Councillor Shamin Akhtar as a member of the Pharmacy Practices
- Committee.
- Nominate Nancy McKenzie as a voting member of the Edinburgh Integration Joint Board for the period from 7 April 2021 to 6 April 2024.
- Nominate Jock Encombe as a voting member of the Midlothian Integration Joint Board for the period from 1 May 2021 to 30 April 2024.
- Stand down Fiona Ireland as a member and chair of the Organ Donation Sub-Committee.
- Appoint Jock Encombe as a member and chair of the Organ Donation Sub-Committee.
- Approve the terms of reference of the Reference Committee and appoint Tracey Gillies as the executive Board member of the Reference Committee.

3.10 Review of Terms of Standing Financial Instructions – The Board agreed to approve the revised Standing Financial Instructions for use with immediate effect.

3.11 Review of the Scheme of Delegation - The Board agreed to approve this revised Scheme of Delegation for immediate use.

3.12 NHS Lothian Health and Safety Policy - The Board agreed to give final approval to the updated policy, noting that page 22 of the policy listed the “Interim Human Resource Director” as a committee member and this should be updated as this was out of date.

3.13 Outline Business Case - Western General Hospital Energy Infrastructure - Phase 2 - The Board accepted the recommendations as outlined in the paper:

- To approve the Outline Business Case (OBC) for submission to the Scottish Government Capital Investment Group (CIG). The Board being assured that the Finance and Resources Committee reviewed the OBC at the meeting on 10 March 2021 and supports its submission to the Scottish Government CIG.
- In line with Finance and Resources Committee, the Board supported the principle of a proposal to develop a methodology and cost assessment for demolition of the unoccupied laundry building, to be included within Full Business Case or addendum to the FBC. Works to include relocation of existing service needs adjacent to the building.

3.14 Review of Pharmacy Practices Committee Terms of Reference - The Board approved the revised Terms of Reference of the Pharmacy Practices Committee.

Items for Discussion

4. Board Chair's Report – April 2021

4.1 The Chair briefed the Board on recent events which had included a meeting with Clare Haughey, Mental Health Minister and Ms T McKigen, Service Director for Royal Edinburgh and Associated Services.

4.2 The Chair had also held meetings new Board Members, Mr Encombe, Ms McKenzie, Prof. Chandran and Cllr Akhtar.

4.3 There had also been three meetings held with MPs/MSPs prior to the pre-election period. Two of these meetings had discussed vaccination issues and at the last meeting before the pre-election period appreciation to MSPs that would be standing down ahead of the upcoming election was recorded. The meetings had focussed on the pandemic, vaccination, recovery and staff wellbeing.

4.4 The Chair had also attended the Edinburgh Partnership Board with the Chief Executive and worked on committee appointments and memberships with the Head of Corporate Governance.

5. Board Executive Team Report – April 2021

5.1 The Board received the Board Executive Team report and there was discussion on the following specific sections:

- **RHCYP/DCN Public Inquiry** - The Board noted that work with the Public Inquiry team was ongoing and it was being made clear to the team that NHS Lothian did not move any patients into the facility so there was no harm from that perspective. There would have been an impact in that patients and families would have had to stay ion premises not fit for purpose longer than would have been wished for. There would be a

meeting with the Public Inquiry team on 08 April 2021 which would clarify this further.

- **Unscheduled Care and Acuity of Cases at Front Door –** The Board noted that work to understand increasing acuity and what driving this was underway through the Unscheduled Care Programme Board. Feedback from this work would come back to the Board when complete.

- **#StickWithIt Campaign** – The work to connect communications with people not attending for vaccination was noted and would continue whilst vaccination remained on the Board's agenda.

- **Launch of the new National Whistleblowing Standards on 1 April 2021** - Noted that the launch would happen on 1 April 2021 as planned. There was concern across all health boards with the revised timescales given the ongoing situation with the pandemic and the 1 April 2021 implementation date had not been anticipated. The standards would not be fully embedded across the system and contractor services by the April 'go live' date and work would continue to concentrate on infrastructure and the Speak Up service. This position had been fed back to Scottish Government who had accepted that the timing had not been perfect for health boards and asked boards to do the best they can.

  The Chair added that this had been discussed with the Scottish Public Services Ombudsman at the Board Chairs group and the implications had been understood with support being offered.

  Ms Kasper thanked Mrs Butler and her team for getting this work to this position. It was recognised that the cultural piece around the implementation of the new standards would take time to embed properly and there were a lot of structural things that had also been implemented to facilitate this.

- **Test and Protect -** Noted that testing was expanding with the Asymptomatic Community Testing Programme. Compliance with self-isolating requirements was also good. It was acknowledged that local authority colleagues had done a lot to provide people with support around having to self-isolate.

- **Ambitions to improve diversity and inclusion and prevent discrimination in our organisation** – It was noted that four staff networks (BME, LGTB+, Youth and Disability) were in the process of developing action plans to inform NHS Lothian's ambitions to improve diversity and inclusion and prevent discrimination in our organisation. Proposals to hear more directly from staff networks were included in the Corporate Management Team's priorities for the coming year with plans to work with staff networks around areas such as leadership. Also recognised that the Scottish Government had launched a national network for the BME Community.

- **Nurse Staffing Pressures** - It was noted that following discussion on nurse staffing pressures at the Staff Governance Committee in December 2020 and February 2021, it had been agreed to bring this to the Board's attention. There was particular concern for nurse staffing at St John's Hospital, where there would be further pressure once the Short Stay Elective Centre comes online. The Board noted that the Acute Nurse Director did have actions in place around national and international nurse recruitment and that additional support workers were also being sourced with a lot of work with West Lothian and Edinburgh Colleges.

  Prof. McMahon added some important context that the bed establishment at St John's Hospital had significantly increased over recent years so there was a gap. The recent high Covid19 community transmission rate had also translated to a greater number of admissions.

  Miss Ireland stated that the discussions from the Staff Governance Committee had also been echoed at the Healthcare Governance Committee. The Board's Area Clinical Forum and Area Nursing and Midwifery Committee had also been looking at a more rounded approach in relation to the safe staffing legislation.

  Prof. McMahon proposed that a safe staffing annual report be brought to the Board despite the legislation not being enacted, however NHS Lothian were working to the safe staffing principles. It was also proposed that Board Members receive a development session on safe staffing in advance of the legislation being enacted.

- **Kickstart programme** – The Board recognised that NHS Lothian were the first health board in Scotland to launch this programme in partnership with the DWP.

- **Mental Health Recovery Programme** – Noted that Staff Governance Committee and Healthcare Governance Committee were looking at this and the Board would be kept aware of any impacts on strategic aims.

6. Opportunity for committee chairs or IJB leads to highlight material items for awareness.

- **Finance and Resources Committee** - The Board noted that a report on the Biodiversity and Climate Change Assessment for NHS Lothian Estate had been considered by Finance and Resources Committee at its meeting on 10 March 2021 and several recommendations were being taken forward. This report detailed the ground breaking work between the Board and the Edinburgh and Lothians Health Foundation to look at greenspace, the wider wellbeing agenda and how the Board uses its 94 estate sites across the Lothians.

- **Healthcare Governance Committee** - The Board noted that Healthcare Associated Infection was considered at every Healthcare Governance Committee meeting and that any findings from the investigation into the Queen Elizabeth Hospital in Glasgow would be reviewed and considered

from a NHS Lothian point of view with any consequences coming back to the Board following Healthcare Governance Committee discussion.

7. NHS Lothian Board Performance Paper

7.1 Mr Crombie outlined the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

7.2 The Board noted that this was the first iteration of the new style report based on discussions held at the Planning, Performance and Development Committee on 3 March 2021. Mr Crombie stated that these were a very targeted set of indicators and there was much more performance data available.

7.3 The Board discussed the pre-Covid19 situation noting that some capacity and demand issues existed before the pandemic; remobilisation strategy and the plan to October 2021 was also discussed. The report also indicated other trend diagnostics which would be developed in future reports.

7.4 The Board recognised the positive impact of the use of external Spire capacity and Mr Crombie confirmed that work was ongoing to extend these arrangements to March 2022.

7.5 There was also discussion around the challenges with face to face consultations in mental health and psychotherapies; concerns about digital poverty and equity of access; delayed discharges; the reporting of code 100s; the use of vector metrics to look forward and the Child and Adolescent Mental Health Services (CAMHS) performance. The Board noted that CAMHS performance and targets remained within the Corporate Objectives to maintain the Executive Team's focus.

7.6 Mr Crombie highlighted that work on the ambition to schedule unscheduled care would continue and that the Planning, Performance and Development Committee would continue to get into the detail around intelligence and indicators, including social-economic.

7.7 The Board agreed the recommendations as detailed in the report:

- To acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- To recognise the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
- To consider the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients (circa. 14,500 patients) and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
- To note this is the first iteration of a new performance reporting structure and the inclusion of dynamic performance targets (for metrics where

Annual Operational Plan targets are not pre-set) whilst NHS Lothian moves through its remobilisation phase.
- That if further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

8. NHS Lothian Did Not Attend Policy

8.1 Ms Campbell introduced the report to reassure the Board that NHS Lothian continued to follow the Scottish Government Waiting Times Guidance for patients who do not attend (DNA) for treatment.

8.2 The Board discussed the impact potential on people who did not attend and whether these people appeared elsewhere in the system and contributed to front door acuity. It was recognised that the policy did not apply to people not attending for Covid19 vaccination appointments.

8.3 The Board agreed that the Healthcare Governance Committee would be an appropriate place to consider who was not attending appointments and the health inequalities impact around this. This approach would be added to the recommendations within the report.

8.4 The Board agreed to the following recommendations:

- To acknowledge that NHS Lothian is in line with national guidance with regards to the management of patient who do not attend appointments.
- To take significant assurance that NHS Lothian's Waiting Times Standard Operating Procedures are readily accessible to all staff and appropriate training is in place.
- To recognise the Waiting Times Governance processes in place to provide assurance that the national and local guidance is being adhered to.
- To acknowledge that the processes in place in CAMHS and Psychological Therapies services are in line with NHS Lothian and Scottish Government guidance.

9. COVID Vaccination Performance

9.1 Mr Small provided an update to the Board on the Covid19 vaccination programme. Mr Small reported that the paper referred to two aspects that were of concern, these were the perceptions around NHS Lothian's vaccination performance and vaccine supply. The Board noted that the performance was skewed due to the large under 50 years old population in the Lothians and once this was excluded the performance moved to middle of the pack. In relation to vaccine supply NHS Lothian would receive 14.95% of the total vaccine supply for Scotland based on its over 50-year-old population. However, it was recognised that vaccine supply was subject to frequent fluctuations. Workforce and physical capacity were other areas to be aware of.

9.2 Mr Small also confirmed that NHS Lothian policy was to not mix vaccines and that people would receive the same vaccine for their first and second dose.

9.3 The Board discussed the efforts to improve communication with those not attending for vaccination appointments and work to follow up with those who do not attend and recent issues around appointments issued and people turning up when sites were closed. It was recognised that this had been a National Service Scotland administrative error where appointments should not have been given out.

9.4 The Board noted that the logistical challenge of attending vaccination sites may also be contributing to non-attendance. Mr Small stated that this had been picked up early in the vaccination programme for Edinburgh with local clinics being deliberately sited in areas of deprivation, however the Mass Vaccination Centres were allocated through a national system which could not guarantee close to home appointments and would provide the earliest slot rather than closest to home. Work to improve this was ongoing but people did have the option to accept or phone to change appointments.

9.5 The Board also noted that feedback on experiences was being captured from those attending for vaccination as it was likely this would be an ongoing vaccination programme and this feedback would inform future learning to help to improve people's experiences.

9.6 The Chair highlighted the great achievements by Mr Small, others involved in the vaccination programme and those delivering the vaccine on the frontline to getting the NHS Lothian vaccination programme to the stage where it now was at.

9.7 The Chair added that this would be Mr Small's final Board meeting before retiring and recorded thanks and appreciation to him for his performance and the work he had done for NHS Lothian throughout his career and not just over the last 12 months of the pandemic.

9.8 The Board noted the update on the Covid vaccination programme performance and noted that NHS Lothian's reported performance against the whole eligible population was skewed by several issues and that NHS Lothian's performance against the cohorts offered vaccination so far is better than reported.

10. Covid19 and Inequalities

10.1 Ms Dee provided a second briefing paper to the Board on the unequal impacts of Covid19 across the Lothian population which have further exacerbated health inequalities. The briefing paper focused on emerging evidence about the social impacts of Covid19 and the associated health impacts. The paper also highlighted opportunities for the Board to address these inequalities as part of its Covid19 remobilisation and recovery planning.

10.2 The Board discussed the anchor institution approach as part of strategic framework; working with community planning partners; involvement of Integration Joint Boards and national and UK data sources. It was recognised that it was important that a joined-up data driven approach was developed.

10.3 The Board also discussed academic support in partnership with universities; Public Health team restructuring and resources; learning from Wigan and Preston work around whole community economics; work with the Edinburgh Poverty Commission and the importance of signing up to the Climate Commission as part of NHS Lothian's core business.

10.4 The Board agreed to note the following from the report:

- The findings of the COVID-19 and Inequalities in Lothian report
- The development of an Anchor Institution approach for NHS Lothian
- The development of Public Health locality work plans with particular focus on COVID-19 mitigation
- The development of a Lothian wide survey during 2021 to measure the wider
- impacts that the pandemic has had on the health of the population.

11. Lothian Strategic Development Framework Architecture

11.1 Mr Briggs introduced the report recommending that the Board agrees the architecture that will underpin the approach toward the development of the NHS Lothian Strategic Development Framework. This had been outlined at the Planning, Performance, and Development Committee of 3 March 2021.

11.2 The Board discussed the assumptions as outlined in the report, in particular the assumption of starting with large waiting lists. Mr Briggs clarified that these assumptions were for discussion, however, there were some waiting lists causing real distress and it would be important to focus on the right ones going forward. It would also be important to consider other stakeholders and Scottish Government views in this as well as observing the Integration Joint Boards roles in this work.

11.3 It was recognised that the Strategic Development Framework had to be co-produced in collaboration with all partners otherwise this would not be achieved in 12 months.

11.4 The Board agreed to accept the recommendations in the paper:

- To note the agreement of the Planning, Performance, and Development Committee to the broad direction and themes of the NHS Lothian Strategic Development Framework;
- To note the governance arrangements, which build on existing governance rather than a new design;
- To agree to seek formal agreement from our partner Integration Joint Boards to their support of and collaboration in this process;
- To agree to commission external support for public engagement and consultation

12. Engagement Framework

12.1 Ms Mackay introduced the report updating the Board on progress in NHS Lothian's approach to public engagement and to seek the Board's agreement that the Public Engagement Framework would strengthen the role of engagement in shaping the development of services.

12.2 The Board recognised that this proactive work would be resource intensive to do properly and engage people in a meaningful way. There would also be a need for collaboration with Integration Joint Board and others.

12.3 Mr Malzer made the point that the aspiration was to move from consultation to get senior colleagues in the organisation to think inspirationally about engagement and highlighted that recent Scottish Government guidance would help prepare the Board for that move.

12.4 The Board agreed to the recommendations in the paper:

- To accept the Public Engagement Framework as a source of moderate assurance of a shared commitment to ensure consistent, high quality public engagement in shaping services across the Lothian-wide system.
- To note the Framework will assist in ensuring compliance with the recently published (March 2021) updated Scottish Government guidance: Community Engagement and Participation Guidance for NHS Boards, IJBs and Local Authorities – 'Planning with People' which replaces Chief Executive letter (CEL) 4 2010 for NHS Boards. The updated guidance applies not just to NHS Boards, but also, as evidenced in the title, to Integration Joint Boards and Local Authorities.

13. NHS Lothian Corporate Objectives 2021/2022

13.1 Mr Campbell advised the Board that the attached Corporate Management Team (CMT) objectives 2021-22 had been discussed at the Planning, Performance and Development Committee (PPDC) and that alterations had been made based on feedback received. The objectives were now before the Board for approval.

13.2 The Board agreed to approve the CMT Objectives 2021-22 and acknowledged that these would be used to help set Directors objectives and that a half year review would take place along with an end of year report.

14. February 2021 (Month 11) Financial Position

14.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 11 and NHS Lothian's year-end forecast position. The Board agreed to accept the report as a source of significant assurance that NHS Lothian will achieve a breakeven outturn this financial year.

15. NHS Lothian 5-year Financial Outlook and Outline Plan 2021/2022

15.1 Mrs Goldsmith outlined the Financial Plan for 21/22 which had been endorsed by the Finance and Resources Committee. The Board noted the requirement to set budgets for the delegated functions of the Integration Joint Boards (IJBs) for 2021/22 and the outline plan presented at this stage will form the basis of a formal allocation of budgets to the IJBs. Mrs Goldsmith highlighted the ongoing uncertainty around expenditure flow for the coming year and pointed out the separation of the core financial position and that which relates to Covid19 expenditure.

15.2 The Board discussed the impact of staff pay awards; the Board's core position gap; acute drugs forecast; the impact of Covid19 and caution around an increasing reliance on non-recurring savings.

15.3 The Board agreed the recommendations in the report:

- To approve the Financial Plan as a basis for opening budgets only and submit to Scottish Government as required.
- To acknowledge that, based on the latest information available at the time, the Finance & Resources Committee accepted limited assurance that NHS Lothian was able to deliver a balanced Financial Plan for 2021/22.
- To endorse the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting.

16. Corporate Risk Register

16.1 Miss Gillies introduced the report providing an update on the NHS Lothian's Corporate Risk Register for assurance.

16.2 The Board noted that review and discussion of the risks was underway and the risks had been categorised into three different groups – remove, review or stay. It was recognised that some risks had been on the register for a long time and it was no pertinent to consider these given recent changes due to the Covid19 pandemic.

16.3 There was a new process being followed where the Corporate Risk Register would be considered by the Corporate Management Team before coming to the Board. This gave the risk handler and owner a greater focus and made handling of the risks more agile. The outcome from the overall review would be brought back to the Board.

16.4 The Board agreed to the recommendations in the paper:

- To approve the Corporate Management Team recommendations for individual risks on the Corporate Risk Register as set out in Table one.
- To note the scope of the Internal Risk Management Audit 2021.

17. RHCYP, DCN & CAMHS Project Update

17.1 Mrs Goldsmith confirmed that the remaining services had now completed migration to the new hospital. The Board noted that the Scottish Government Oversight Board final meeting would be on 8 April 2021. Mrs Goldsmith expressed her thanks to the team involved in getting to this position. The Chair added her appreciation to Scottish Government colleagues in particular Ms Fiona McQueen and Ms Mary Morgan for their contribution to achieving such a fantastic facility which Board members would look forward to visiting when restrictions allow.

18. Any Other Business

18.1 There was no other business.

19. Reflections on the Meeting

19.1 **Mr M Ash and Mrs A Mitchell** - The Chair expressed her personal thanks to Mr Ash and Mrs Mitchell for agreeing to stay on the Board beyond the end of their terms of office last summer, so the Board did not lose two such experienced Board members during the pandemic.

19.2 The Board recognised the contributions and range of responsibilities covered by Mr Ash and Mrs Mitchell over the past eight years.

19.3 Mrs Mitchell had been heavily involved with the Staff Governance Committee, cultural change, patient safety walk rounds and had been the first whistleblowing champion as well as being part of the team that built the Board's Speak Up service. Mrs Mitchell had also served on West Lothian Community Health and Care Partnership, the Integration Joint Board, the West Lothian Stakeholder Group and the Acute Hospitals Committee.

19.4 Mr Ash had also been involved with Community Health and Care Partnerships and the Integration Joint Board and had an ongoing interest in integration governance. Mr Ash had also chaired the Audit and Risk Committee during a difficult phase as well as chairing the Charitable Funds Committee through the early stages of the Pandemic.

19.5 The Board formally recorded their appreciation to both Mrs Mitchell and Mr Ash and wished them both well with their future endeavours.

20. Next Board Meeting

20.1 The next Board meeting would be held on 23 June 2021. The June Board meeting would start at 10:30am as there would be a Trustees Meeting first at 9:30am to consider the Foundation Annual Accounts.

21. Standing Order 5.23 Resolutions to take Items in Closed Session

21.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Chair's Signature ……

Date ……

Esther Roberton
Interim Chair – Lothian NHS Board

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9:30 am on Monday 23rd November 2020 via MS Teams.

Present:
Mr M. Connor, (Chair) Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; Mr B. McQueen, Non-Executive Board Member; Dr R. Williams, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member, and Councillor J McGinty, Non-Executive Board Member.

In Attendance:
Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr C. Brown, Azets; Ms J. Brown, Chief Internal Auditor; Ms J. Campbell, Chief Operating Officer (University Hospital Services); Mrs S. Goldsmith, Director of Finance; Mr C. Marriott, Deputy Director of Finance; Ms D. Howard, Head of Financial Services; Mr J. Old, Financial Controller; and Mr A. Payne, Head of Corporate Governance.

Apologies from Non-Members: Mr J. Crombie, Deputy Chief Executive and Prof. A. McMahon, Director of Nursing, Midwifery & AHPs.

The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

34. External Audit Report 2019/20

34.1 Mr Connor highlighted that the external audit report was scheduled to presented to this meeting, however it has been withdrawn. Mr Marriott explained that the Board had submitted its audited annual accounts on time at the end of June 2020. It was agreed that the external auditors would submit their substantive annual audit report later. The auditors must submit the report to the Auditor General by the end of November. The auditors issued the draft report to management on 18 November and management are actively reviewing that draft. The Committee Chair agreed that the draft report should not be presented to this meeting. Mr Payne advised that the external auditors independently prepare their report, and the report is not subject to the approval of the Board or its management. Nevertheless, the normal practice is for the Board's governance system to receive the report.

34.2 The Committee agreed that once the external auditors had finalised the report it should be circulated to the Committee members for their information. **CM**

35. Minutes of the previous meeting held on 24 August 2020

35.1 Dr Williams advised that he had attended the meeting. The Committee approved the minutes of its meeting held on 24 August 2020, subject to making an amendment to reflect that Dr Williams was present.

35. Running Action Note

35.1 The committee accepted the running action note.

36. Corporate Risk Register

36.1 Ms Bennett presented the report.

36.2 The Committee members discussed the effectiveness of the risk management system and the risk register process. The Committee raised concerns that many risks are persistently graded as Very High and that there are examples where the overseeing committees continually agree that they have limited assurance on the management of those risks. The members agreed that they needed to consider what next steps the Audit & Risk Committee should take.

36.3 The Committee reflected on its role for risk management, which is essentially to get assurance that the overall system of risk management and internal control is operating effectively. It is for the Audit & Risk Committee to identify and communicate any weaknesses on that system to the Board and the other Board committees. The committee which oversees the individual corporate risks should attend to the specific issues of those risks. Ms Kasper highlighted that it was important to clearly document the processes for getting assurance. Currently those processes are not clear, which makes it difficult for the Audit & Risk Committee to carry out its role.

36.4 Ms Bennett advised that she is carrying out a high-level review of the risk register and will present a report to the Corporate Management Team in the first instance which will set out recommendations. Following the Corporate Management Team discussion, management will present recommendations to the Board. Ms Kasper added that she had carried out work earlier in the year and had helpful discussions with Ms Bennett on risk and committee assurance, and that this is pertinent to the issues the members were raising. Ms Kasper confirmed that that she will link in with Ms Bennett to progress this.

36.5 Mr Connor concluded that this issue should be raised with the Board. He highlighted that he has experience from another organisation where the Board carries out an annual forensic review of the corporate risk register.

36.6 Mr Murray asked whether there is a significant litigation risk developing for the Board due to COVID-19. Ms Bennett summarised the steps which management have taken to review and record what has happened during the pandemic, as well as promoting learning from deaths related to COVID-19

36.7 The Committee accepted the report and the recommendations to:

- note the reinstatement of the risk associated with the exit from the European Union (EU) (Brexit) onto the corporate risk register, as agreed by the Board in October 2020;

- accept the risk assurance table, as set out in Appendix 1 to the report, as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee;
- note that a high-level review of the risks on the corporate risk register is being undertaken, including consideration of the impact of Covid-19; and

- note that there are a number of papers considered at the November Healthcare Governance Committee agenda that address a number of risks pertinent to this committee, for example, GP Sustainability and Access to Treatment (Patient Risk).

36.8 The Committee agreed that Mr Connor should report to the Board its current concerns on the effectiveness of the risk management system. **MC**

37. Internal Audit Progress Report – November 2020

37.1 Ms Brown presented the report. She advised that she has reviewed the internal audit plan and the available resources and created a deliverable internal audit plan. This plan will provide the Board with the necessary assurances for the year-end accounts.

37.2 In response to a query from Mr Murray, Ms Brown clarified that the proposed audit on 'Urgent Care' did relate to the redesign unscheduled care. She explained that the focus of the audit will be on the project management of the process to introduce re-design, rather than auditing new and developing systems. The Committee supported this approach.

37.3 Mr McQueen asked for an update on the process to re-appoint the internal auditors. Mr Marriott advised that an exercise is currently underway to procure an internal audit service for both NHS Lothian and NHS Borders. Management have set up a tender panel which includes both Mr Connor and the Chair of the NHS Borders audit committee. In the interest of efficiency, NHS Lothian will retain Grant Thornton until the end of the 2020/21 financial year, rather than potentially introducing a new audit team during the audit year. The Committee welcomed the update and supported this approach.

37.4 In response to a query from Mr Murray, Ms Brown explained that in the past NHS Lothian developed principles to underpin the working relationship between the NHS Lothian Audit & Risk Committee and the integration joint boards' audit committees. Ms Brown explained that there is a reasonable working relationship between the NHS Lothian internal audit function and the chief internal auditors of the integration joint boards ('IJB'), except for Edinburgh. The key issue with Edinburgh appears to relate to the intent to use the above principles to support the relationship between the local authority's audit committee and IJB audit committee. The principles were not created to apply to local authority committees, and the relationship between a local authority and the IJB is not a matter for NHS Lothian officers to attend to. Ms Brown advised that she is arranging a meeting with the IJB Chief Finance Officer and IJB Chief Internal Auditor in order to clarify and resolve the issue. Mr Murray welcomed the update noting that the Edinburgh IJB audit committee had recently discussed this issue.

37.5 The Committee accepted the report.

38. Internal Audit Report: Financial Controls (November 2020)

38.1 Ms Brown presented the report. She highlighted that the audit found that the Board's financial controls continued to operate successfully after the pandemic started. The report provides 'significant assurance' on four of the five control objectives which the audit covered. Ms Brown highlighted that the report includes one recommendation for finance staff to use the functionality of the finance system to confirm on the system that they have checked the bank account details

of new suppliers. The management response confirmed that this will be implemented immediately. As a consequence of that finding, the audit report provides 'moderate assurance' for the following objective: 'Goods and services are purchased through approved national frameworks, with accurate information prepared and reported on what is being bought, by whom, and for what price.'

38.2 Mr McQueen asked if the audit considered the risk of profiteering by suppliers, in light of the criticism that has been made at a UK level of the purchasing of personal protective equipment. He asked if the audit report provides any assurance that whatever NHS Lothian purchased was fit-for-purpose. Ms Brown clarified that the audit was limited to reviewing the operation of the systems of financial control, rather than the quality of the procurement process.

38.3 Mr McQueen also noted that the audit involved testing the control for a sample of seven out of forty-four new suppliers. While noting Ms Brown's explanation that the sample size is based on established audit methodology, he suggested that given the novel circumstances of the pandemic there is an argument for larger sample sizes.

38.4 Mr McQueen commented that the process of checking new supplier bank account details is a separate issue from the control objective stated in the report.

38.5 The Committee agreed that it was not clear to what extent the Board was directly responsible for the procurement of personal protective equipment, as a lot of activity was taken forward on a national basis. Ms Brown agreed to prepare a further short report which summarises how the procurement of personal protective equipment was carried out.

38.6 The Committee accepted the report.

39. Internal Audit Report: Follow Up of Management Actions (November 2020)

39.1 Ms Brown presented the report and advised that she is actively working with the Corporate Management Team to close the points down.

39.2 Mr Murray asked what approach should to be taken to follow-up due to the organisation having to respond to a pandemic. He highlighted that it is unclear to what extent it is reasonable to allow slippage, and that the operating context has significantly changed which may make the original audit actions no longer appropriate. Mr McQueen noted that some points have no response from the sponsor and asked what the process was to resolve this.

39.3 Ms Brown advised that the follow-up process involves a discussion with the relevant manager to understand what (if any) residual risk remains. That discussion informs the judgement on the status of the action. Ms Brown advised that if internal audit is not receiving a response from a manager then they escalate the matter to the relevant member of the Corporate Management Team.

39.4 The Committee accepted the report.

40. Counter Fraud Activity

40.1 Mr Old presented the report.

40.2 Mr McQueen said that the Committee is invited to agree that the 'report provides a significant level of assurance that all cases of suspected fraud are accounted for and appropriate action is taken'. Mr McQueen then highlighted a case relating to the administration and approval of overtime payments. He commented that the report does not say if this is an isolated case or not, and whether management have taken taking appropriate action to prevent the case recurring elsewhere within Lothian. Consequently, it is difficult to accept the recommendation as it is currently expressed.

40.3 Ms Howard explained that the payroll function no longer accepts process paper claims for overtime. Departments must submit all information through the SSTS system. There is segregation with the process so that one individual enters the data and another (with delegated authority to approve overtime) must approve it. Mr Old added that the reported case occurred before SSTS was used. The investigation did highlight concerns about the quality of the underlying record-keeping, and the manager has since taken action to address this.

40.4 Mrs Goldsmith advised that senior management do triangulate concerns from different areas to inform its approach. Senior management have commissioned internal audit to carry out a review. Mrs Goldsmith acknowledged that the counter fraud report does not currently give explicit and direct assurance on any remedial actions which may have been taken.

40.5 Mr McQueen highlighted that the reported case showed that there was not an adequate system of control in place for thirteen months. He advised that he wants assurance on the system of internal control within primary care to prevent the payment of inappropriate or fraudulent overtime claims.

40.6 Mr Murray referred to another case. He asked whether action had been taken to provide assurance that whenever NHS Lothian engaged an contractor to provide agency staff, the agency staff did carry out what they had been engaged to do. Mrs Goldsmith explained that this is a broad question to the whole system of internal control relating the procurement and use of agency staff.

40.7 Ms Kasper commented that the Committee's routine report on counter fraud activity is not necessarily about individual cases and the detailed systems of internal control. The Committee should use the reported cases to inform its assessment of the Board's overall system of internal control She suggested that for future versions of the counter fraud activity report, it would be helpful to know for each case what systems of control should have prevented it, did those systems operate as intended, and what (if any) action was taken or is required to improve the Board's systems. Mrs Goldsmith agreed to explore this further. **SG**

40.8 Dr Williams commented that there was a small number of cases. It is not clear if this is a consequence of the Board's system of control being strong, or perhaps that the number being found and reported is lower than it should be. He suggested that it may be helpful to see benchmark information to understand how the Board compares. Mr Old advised that Counter Fraud Services does produce data on the number of referrals and cases, and NHS Lothian has been consistently at the top.

40.9 The Committee accepted the report as a briefing on the current status of counter fraud activity. The Committee agreed that the report provided a significant level of assurance that all cases of suspected fraud are accounted for and appropriate action was taken. However, the Committee agreed that the counter fraud activity

report should be developed further to improve the quality of assurance that appropriate action is taken to improve the Board's systems of control.

41. Write Off of Overseas Debt

41.1 Ms Howard presented the report and, following a question from Mr McQueen, agreed to provide a report to the next Committee meeting which shows the extent that NHS Lothian recovers debt associated with overseas patients. **DH**

41.2 The Committee confirmed that the Director of Finance may approach the Scottish Government Health & Social Care Department for its approval to write-off this loss.

42. Litigation Annual Report 2019/20

42.1 Ms Bennett presented the report. She highlighted the measures that are in place to continuously improve processes and use and maintain electronic records (rather than manual records). In response to a query from Mr McQueen, Mrs Goldsmith confirmed that when the Board is successful in any litigation, the Central Legal Office will pursue recovery of costs from the other party as part of the process of closing the case.

42.2 The Committee agreed to:

- accept the report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes;
- accept that the report provided a significant level of assurance for the effectiveness of the processes, and moderate assurance in terms of evidence of learning after cases are closed; and
- note that programmes of work are in place to improve management of and response to adverse events which may result in fewer settled claims, but recognising that events resulting in a claim are not always part of an adverse event process.

43. Any Other Competent Business

43.1 The Committee agreed that there was no other competent business.

44. Reflection on the Meeting

44.1 Mr Connor commented that there had been a very helpful discussion on the reporting of counter fraud activity. He concluded that he would highlight to the Board the Committee's concerns on the assurance that the system of risk management does lead to actions to mitigate risk.

45. Date of Next Meeting

45.1 The next meeting of the Audit and Risk Committee is scheduled for Monday 22 February 2021 at 9.30 a.m. via MS Teams.

Chair signed minutes 22-02-2021

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9:30 am on Monday 22nd February 2021 via MS Teams.

Present:
Mr M. Connor, (Chair) Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; Mr B. McQueen, Non-Executive Board Member; Dr R. Williams, Non-Executive Board Member and Mr P. Murray, Non-Executive Board Member.

In Attendance:
Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr C. Brown, Azets; Ms J. Brown, Chief Internal Auditor; Mrs S. Goldsmith, Director of Finance; Mr C. Marriott, Deputy Director of Finance; Ms D. Howard, Head of Financial Services; Mr J. Old, Financial Controller; Ms O. Notman, Assistant Finance Manager; Mr A. Payne, Head of Corporate Governance; Mr J. Encombe, Non-Executive Board Member. and Miss L. Baird, Committee Administrator.

Apologies: Councillor J. McGinty, Non-Executive Board Member.

The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

Welcome and Introductions

The Chair welcomed the members to the February 2021 meeting of the Audit and Risk Committee. He welcomed Ms Notman to the Committee noting that she would take on the role of Head of Financial Services when Ms Howard retires. The Chair wished Ms Howard well in her retirement, thanking her for her valuable contributions to the committee over the years.

The Chair welcomed Mr Encombe to the meeting.

46. Minutes of the previous meeting held on 23rd November 2020

46.1 The minutes of the meeting held on 23rd November 2020 was accepted as an accurate record.

47. Running Action Note

47.1 The committee noted the actions marked complete and those that were not due for consideration detailed within the report.

47.2 Ms Goldsmith advised that changes in respect of Counter Fraud Services would be reflected within the next report. She advised that the timing of the report would tie in with the upcoming internal audit on whistleblowing that was due to be presented in April 2021.

47.3 The committee accepted the running action note.

48. Internal Audit Progress Report – February 2021

48.1 Ms Brown presented the report. She assured the committee that the remainder of the plan had been scoped and there were a number of audits that were at draft reporting stage. She anticipated that three to four final reports would be brought forward for consideration in April 2021.

48.2 The committee discussed how audits completed on behalf of the Edinburgh & Lothians Health Foundation were funded and the impact of this on the capacity within the Internal Audit Team. Ms Brown explained that audits for the Foundation were part of a separate service level agreement, where the NHS Lothian Internal Audit Team were appointed as the internal auditors for the Foundation. She advised that the cost of any work carried out on their behalf sits with the Foundation.

48.3 It was noted that as part of a legacy agreement between the respective councils and NHS Lothian, dedicated time had been set aside to support integration joint board ('IJB') audits. The IJBs have appointed their local authority internal audit teams to be their internal audit provider. The NHS Lothian internal audit team provides them with some support and a number of days have been set aside within the NHS Lothian for IJB issues that were relevant to NHS Lothian.

48.4 Members recognised that the plan being considered was not aligned with current areas of high organisational risk. Ms Brown acknowledged the need to be flexible and pragmatic during the pandemic in the development of the internal audit plan for 2021/22. Going forward she would work closely with the Corporate Management Team around the risk register, emerging risk, Covid risks and produce a deliverable Internal Audit Plan that is aligned to the risk of the organisation.

JBr

48.5 Ms Goldsmith agreed to bring a report to the April 2021 Audit and Risk Committee indicating what progress had been made to date against the recommendations from the RHCYP/ DCN audit. Highlighting within the report what was complete and what remains ongoing, whilst recognising that the work would not come to fruition within the current year. The report would also include further information around due diligence for capital projects in terms of standards in guidance.

SG

48.6 The Committee accepted the report.

49. Internal Audit Report: Follow Up of Management Actions (February 2021)

49.1 Ms Brown presented the Internal Audit Report: Follow-up of management Actions (February 2021).

49.2 Ms Brown noted that there was ongoing dialogue in respect of management actions around the audit on patients (adults with incapacity). The service had provided assurance that in November actions had been taken and would be closed off in the near future. A further request to push back the action had been subsequently received. Ms Brown had requested further information around the priority within the service to complete the outstanding actions and would feedback in the April report.

JBr

49.3 It was recognised that with Near Me and all the landscape changes that the original management action around GP sustainability had been superseded, therefore it would be removed from the 2020/21 audit plan. Ms Brown advised that she would consider GP Sustainability in the development of the Internal Audit Plan for 2021/22.

49.4 Mr McQueen noted that there had been some delay in making progress against management actions relating to patient funds. He questioned whether lessons could be learnt from other boards to close off the actions in Lothian. Ms Brown noted that the request to push back the deadline had cited resource and time issues as the reason behind the delay. A dedicated person had been appointed and the team were confident that the action would be close off by the end of March. Mr Marriot took an action to pick this up through the Corporate Finance Network and do testing with other Boards and provide feedback to the Committee.

CM

49.5 Mr Murray asked whether the recommendation and action regarding the proposed public involvement framework required to be reconsidered in light of the context of the pandemic. Ms Brown agreed to pick this matter up with Ms Butler to confirm the validity of the recommendation, whether there was a need to think about revising the documentation in line with the impact of Covid prior to its submission to the Board and feedback through the running note.

JBr

49.6 The Committee accepted the report.

51. External Audit Plan 2020/2021

51.1 Mr Brown presented the External Audit Plan 2020/2021. Key risks related to changing controls and governance processes and procurement fraud.

51.2 Revenue recognition was highlighted within the plan for the first time this year. Mr Brown explained that this was due to the amount unpredictable funding around Covid, timing of allocations and uncertainty around the totality of the payments.

51.3 The committee noted that asset valuations was a national issue. This was due to asset valuers being unable to visit sites and the uncertainty around property market. Therefore, asset valuers had not been able to provide certainty around valuations as in previous years.

51.4 Audit Scotland had requested that all external auditors look at risk around governance and transparency, financial stability, and counter fraud in relation to COVID-19. Mr Brown and colleagues would ensure that future reports to the Audit and Risk Committee would provide updates on these areas.

51.5 Mr Brown noted that the last significant risk related to the Royal Hospital for Children and Young People and the following developments on that project. He noted that they would follow up on all aspects of the project and report back through their annual report on this matter.

51.6 The committee noted that timescales for the submission of the accounts and the report would be 30th September 2021 as in previous years. Mr Brown explained that they would aim for the end of June 2021, supporting the Board's timescale for

signing off the accounts. Mr Brown would oversee the timescales and continue to work closely with Mr Marriott and his team to achieve this.

51.7 Mr Brown explained that the proposed audit fee was still to be agreed and that he would liaise with Ms Goldsmith and Mr Marriott in respect of the audit fee.

51.8 Mr Brown assured the Chair that there were no statutory issues in respect of time delay for the submission, noting that the deadlines of 30th September 2021 would be achievable. He also advised that the Scottish government had taken the decision to push back the consolidation agenda until December 2021.

51.9 Mr Payne advised Mr Brown of an error on Page 24 of the report. He confirmed that since December 2020 there was a facility for members of the public to join NHS Lothian's Board meetings. Mr Brown would update the report in light of this additional information.

CB

51.10 The committee discuss the Sharing Intelligence for Health and Social Care and its potential to impact the organisation. Mr Brown advised the Committee that the group was made up Health Bodies that collectively share information from scrutiny activities across the sector. They meet monthly and discuss a couple of Health Boards at each meeting. He noted that their work would not impact on the Audit Committee or Health Board.

51.11 Mr Murray questioned whether the work in respect of the Royal Hospital for Children and Young People would have an impact on the ongoing public inquiry. Mr Brown would seek to have discussions with the inquiry team to ensure that their work is not duplicated and timelines for reporting remained appropriate.

CB

51.12 Mr McQueen noted that during Covid there was a focus on counter fraud and the propriety of procurement exercises of NHS Boards. He questioned whether it was for the external auditor or the Chief Internal Auditor and her team to consider how much extra procurement NHS Lothian has engaged in due to the pandemic. Mr Brown advised that if Internal Audit decided this was a significant risk it would be for Ms Brown's team to seek assurance on the matter. He noted that external auditors would not act as the third line of defence of the organisation. They would look at their view of the risk and whether it had been appropriately covered by internal audit as part of their audit.

51.13 The committee accepted the report.

52. Counter Fraud Activity

52.1 Mr Old presented the report. He explained that three cases had been closed with specific actions, six new referrals, one escalated to a full investigation and one referral closed.

52.2 Mr Old advised that there had been delays to cases that had been marked by the Crown office. Further advice in respect of when these cases would be seen was awaited.

52.3 Mr McQueen requested that Mr Old clarify and distinguish within future Counter Fraud reports which cases had been marked by the Crown Office and those that were waiting in the systems. Mr Old would ensure that this was in place in advance of the next report.

JO

52.4 Mr Murray questioned what was the extend of procurement breaches and how widespread is it within the organisation. Mr Old advised that CFS would be doing more analytical work in respect of PECOS to identify trends to support the mitigation of future risks of procurement fraud.

52.5 Mr Murray questioned whether operation Cheadle would extend into an enquiry of other trades using the on call system if proven. Mr Old explained that an internal investigation had taken place and the outcome of it had been handed over to CFS. He explained that when Agenda for Change had been introduced, clear guidance had not been provided to staff. As a result old local rules where not replaced by the new formal rules. No formal disciplinary action would be taken, and lessons from the investigation were disseminated through the organisation to increase awareness and prevent further instances of fraud.

52.6 The committee discussed counter fraud training and the decision to exclude it form the mandatory training pack. Human Resources had recognised that the burden of mandatory training on staff was high and did not want to increase that burden. The committee agreed that the requirement should be revisited, and if staff were in an applicable role, CFS training should be included as mandatory.

52.7 Ms Kasper noted that a lot of the controls around procurement stemmed from a policy. She explained that control derived from policy was only as good as the testing behind that. She questioned what system of testing was in place for procurement processes. Ms Howard confirmed that 96% of spend goes through PECOS systems, and within PECOS there are levels of control that ensure that only certain individuals have authority to authorise against specific values. For the 4% that are out with the system, procurement will continue to pursue these and ensure that the correct processes are followed. Orders that come in out with PECOS would still require appropriate sign off prior to payment. Accounts payable would check that the appropriate individual had signed this off and have authority to do so. Ms Kasper welcomed this clarity and assurance.

52.8 The committee accepted the report as a brief on the current status of counter fraud activity and accepted that it provided a moderate level of assurance that all cases of suspected fraud were accounted for and appropriate action had been taken.

53. Corporate Risk Register

53.1 Ms Bennet presented the previously circulated risk register paper.

53.2 The Chair questioned whether the outcomes of the review and the recommendations made to the CMT would be brought to the Board to consider, in full meeting or in the form of a development session. Ms Bennet confirmed that the

findings would be shared after the end of March when CMT make their recommendations to the Board.

53.3 Ms Kasper questioned whether there would be a strengthening of the Corporate Risk Register processes to include strategic risk and whether there the register would link into other strategic planning activities currently taking place. Members agreed that Audit and Risk Committee was not the correct forum for this discussion, and this should be picked up through discussion at the Board and the Planning, Performance & Development Committee.

53.4 The committee noted that discussion around the recovery plan will be led by Scottish Government and it would be for them to determine where NHS Lothian was and how the context has changed. Ms Goldsmith noted that the recovery plan remained high on the Chief Executives' agenda and would be discussed further at the Planning, Performance & Development Committee.

53.5 The committee accepted the risk assurance table as a summary of all the risks including levels of assurance and grading as agreed by the relevant committee.

53.6 The committee noted that the Corporate Management Team has considered the output of a high-level review of the risks on the corporate risk register and associated processes and accepted a number of recommendations to strengthen the risk management process.

53.7 The committee noted that processes had been put in place to report, review, and escalate adverse events relating to the Covid vaccination programme.

54. Recovery of Overseas Debts

54.1 Ms Howard presented the previously circulated report.

54.2 Mr McQueen questions whether the time of the four full-time overseas and private patients' officers could not be better spread to provide a service over the weekend, and work done to improve the quality and timeliness of reports made within Trak. Ms Howard advised that the team would continue to work to improve the service recognising the challenges associated with the pandemic and working from home.

54.3 Ms Howard would consider how the SFR18 paper could include more information in respect of progress made against overseas patients, as part of the annual paper provided to the Audit and Risk Committee.

DH/ ON

54.4 Ms Howard agreed to follow-up on Dr Williams questions in respect of consistency within primary care and whether there were certain services that were more prone to overseas patients which NHS Lothian could target its resources and ask Ms Macintyre to feedback.

DH/ SM

54.5 The Committee took significant assurance that controls were in place to monitor and recover the debt incurred when medical treatment was given to a person who was liable for the costs of NHS care.

55. 2019/2020 Patient Funds Annual Accounts

55.1 Ms Howard presented the previously circulated paper.

55.2 The committee noted that the typographical error in the title, recognising that the accounts being presented were for 2019/20 not 2018/19

55.3 The committee accepted the management letter from Azets as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.

55.4 The committee agreed to recommend to the Board that the Chief Executive and the Director of Finance to sign the "Statement of Lothian NHS Board Members' Responsibilities" on the Board's behalf.

55.5 The committee agreed to recommend to the Board that following the Board's consideration, the Director of Finance and the Chief Executive sign the "Abstract of receipts and Payments" (SFR19.0).

55.6 The committee agreed to recommend to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2020.

56. Review of the Standing Financial Instructions

56.1 Ms Goldsmith presented the report.

56.2 The committee reviewed the proposed changes to the Standing Financial Instructions. The committee agreed to recommend the revised Standing Financial Instructions to the Board for its approval.

57. Review of the Scheme of Delegation

57.1 Mr Payne presented the report, highlighting that the key changes related to:

- Sections 1 & 2 – Approval of items for the Capital Programme
- Section 16 – Financial Services
- Managerial changes

57.2 The committee discussed whether the Scheme of Delegation required the Project Director or the Project Manager to be Board employees or did it allow NHS Lothian to appoint to the roles from out with. Ms Goldsmith agreed to consider this point further.

57.3 The Committee reviewed the proposed changes to the Scheme of Delegation. The Committee agreed to recommend the revised Scheme of Delegation to the Board for its approval subject to an updated proposal being circulated to members before the April Board meeting.

SG

58. Any Other Competent Business

58.1 The Committee agreed that there was no other competent business.

59. Reflection on the Meeting

59.1 Mr Connor commented that there had been a very helpful discussions on the reporting of counter fraud activity and risk management. He was mindful that there was nothing that the committee would flag to the Board however, Mr Connor would flag concerns raised in respect of risk management to the Planning, Performance and Development Committee. **MC**

60. Date of Next Meeting

60.1 The next meeting of the Audit and Risk Committee is scheduled for Monday 26 April 2021 at 9.30 a.m. via MS Teams.

Chair signed minutes 26-04-2021

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 10 March 2021 by videoconference.

Present: Mr M. Hill, Non Executive Board Member (chair); Ms T. Gillies, Medical Director; Ms S. Goldsmith, Director of Finance; Mr A. McCann, Non Executive Board Member; Cllr J. McGinty, Non Executive Board Member; Ms N. McKenzie, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member; Mr P. Murray, Non Executive Board Member.

In Attendance: Ms D. Calder, General Manager, Western General Hospital (item 52.4); Ms J. Campbell, Chief Officer, Acute Services; Dr L. Carruthers, Head of Oncology Physics; Mr G. Curley, Director of Operations, Facilities; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Programme Director, Facilities (items 52.2 and 54.1); Mr P. Lock, Director of Improvement (item 52.2); Mr C. Marriott, Deputy Director of Finance; Mr I. Mackenzie, Green Health Programme Manager (item 54.1); Mr D. Mill, Senior Project Manager, Facilities (item 52.2); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Mr D. White, Strategic Lead, Primary Care and Public Health (item 52.5).

Apologies: Professor A. McMahon, Executive Nurse Director.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

51. Committee Business

51.1 Minutes and Actions from Previous Meeting (20 January 2021)

51.1.1 Members accepted the minutes from the meeting held on 20 November 2020 as a correct record.

51.1.2 The updated cumulative action note had been previously circulated.

52. Capital

52.1 Property and Asset Management Investment Programme

52.1.1 Mr Graham presented the previously circulated paper. It was noted that regarding the Edinburgh Bioquarter 5 proposal part of the next stage of the process would be to confirm the arrangements including how active the Board wanted to be given it was not an investor. The strategic lead for the Bioquarter had moved to Ms Gillies and it was agreed that she would be asked to bring a further paper to the Committee on these plans. **TG**

52.1.2 Mr Graham advised that purchase of the decant modular units at the Royal Infirmary of Edinburgh for longer use had been considered, but that as planning permission had been granted for only five years and the use of modular units was not recommended for long term patient care this had not been done.

52.1.3 The Jardine Clinic refurbishment was linked to the rearrangement of services at the Astley Ainsley Hospital. This would be brought to the Committee as a restarted capital project towards the end of the year. It was suggested that this also be brought to the Planning, Performance and Development Committee to agree the strategic element.

52.1.4 Members accepted the recommendations laid out in the paper.

52.2 Outline Business Case – Phase II Western General Hospital Energy Infrastructure

52.2.1 Dr Hopton and Mr Mill presented the previously circulated paper. Mr Mill advised that the cost of demolition of the laundry building had not been included in the initial costs because it was initially due to take place as part of a separate programme of demolition works, but in order to prepare for phase III of the works it had been agreed to add this to phase II for greater efficiency as work was to be carried out in that area.

52.2.2 Mr Mill agreed to consider how to present any anticipated revenue cost savings in increased efficiency of the new system once the works were completed, noting that the works in this phase would not resolve all the existing energy inefficiencies on the site.

52.2.3 It was noted that the cost estimates provided by the costings consultants for the project for phase I were below the actual cost. There was more confidence in the costings for phase 2 as several elements had been market tested. Mr Graham agreed to look into how cost consultants were used and what assurance was given from them on the accuracy of their estimates. **IG**

52.2.4 Members accepted the recommendations laid out in the paper and gave their support to the outline business case which would be submitted to the Board for 7April 2021. **JH**

52.3 Digital Device Programme

52.3.1 Mr Lock presented the previously circulated paper. It was noted that the paper was for information as the cost was within the limit for approval by the Lothian Capital Investment Group, but that the Committee had asked for an update due to the interest in the IT strategy.

52.3.2 IT development costs associated with the distribution and set up of the new equipment had been taken into account in the costs laid out. It was noted that travel expenses savings had been identified in some bids but that time savings leading to increased performance or need for fewer staff did not have associated cost savings laid out. Sustainability and environmental benefits could also be considered.

52.3.3 Mr Murray suggested that simply responding to requests for equipment risked not having an equitable approach and not maximising the strategic benefit as it depended on capacity and knowledge within a particular team to submit the bid. A better approach would be to consider the benefits and measureable outcomes for service improvement and strategically apply the resource so that the overall outcomes were clear.

52.3.4 Mr Lock advised that a broader piece of work was needed to determine which staff groups should receive additional equipment as standard and this needed to be part of a wider digital strategy in the future. The current project was an initial response.

52.3.5 It was agreed that a further paper would be brought to the Planning, Performance and Development Committee putting this work in the wider context of the digital strategy but also recognising the need for quick progress in the transformation scheme. **PL**

52.3.6 Members accepted the recommendations laid out in the paper.

52.4 Standard Business Case – Western General Hospital Additional Linear Accelerator

52.4.1 The chair welcomed Ms Calder and Dr Carruthers to the meeting and they presented the previously circulated paper. They advised that clinical trials had shown that hyperfractionation treatment techniques were as effective and had benefit to patients in having to attend hospital fewer times, particularly as this was a regional service and some patients travelled long distances. This has been recommended as best practice.

52.4.2 Dr Carruthers explained that it was important that part of the capacity added by having an additional linear accelerator should be used as contingency to ensure patients did not miss doses due to problems with the machines. This was why it had been decided the greatest benefit would be to staff 3 hours per day of extra capacity rather than a full day. There was confidence that qualified staff could be recruited for these roles.

52.4.3 Members accepted the recommendations laid out in the paper and approved the standard business case.

52.5 Standard Business Case – West Edinburgh (Maybury) General Medical Services

52.5.1 Mr White presented the previously circulated paper. An amendment to the recommendations in the paper was noted – the estimated capital costs should read £3.8 million.

52.5.2 In response to a question about general practice design changes due to changes in practice following Covid-19, Mr White advised that some adjustments had been made around patient flow in the building but that more work was needed before any general guidance on premises specifications would be available from the Scottish Government. It was noted that there may be a reduction in footfall in practices due to increased us of remote consultations, but that this did not reduce the amount of space required in terms of consultation rooms.

52.5.3 It was noted that further clarity had been requested from the City of Edinburgh Council regarding whether the facility would be larger than needed in this area due to the Covid-19 pandemic affecting the progress with the housing development and people being able to buy property in the area, but the situation was uncertain. The facility would be completed in 2023 and it was expected that by this time sufficient patient numbers would be attracted.

52.5.4 Members accepted the recommendations laid out in the paper with the estimated capital cost at £3.8 million and approved the standard business case.

52.6 Royal Hospital for Children and Young People and Department of Clinical Neurosciences Summary of Forecast Costs

52.6.1 Ms Goldsmith presented the previously circulated paper. She advised that the maintenance works were not tendered in a competitive environment in July 2019. As per the contract IHSL chose the contractor and they were only able to source one. The project manager had a duty to check that there was value for money in the cost paid for the work.

52.6.2 The major works on the hospital were now completed with snagging and final commissioning work underway. A further £200,000 - £300,000 was expected to be added on to the cost quoted.

52.6.3 It was noted that the initial forecast was for £6 million and the final cost was £10.5 million. Ms Goldsmith advised that the first forecast was an estimate before the design had been completed. An external project manager was appointed to provide this estimate. Since then there had been a number of agreed increases in costs. The forecast cost after the design work had been completed was £9 million. Mr Graham noted that since July 2019 the main driver of this project was programme completion and quality. The Covid -19 impact meant that the programme was extended, adding to the cost. IHSL had been asked to produce a report on what caused the increase to £10 million and this would help to determine whether it should have been possible to more accurately forecast the cost initially.

52.6.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

53. Revenue

53.1 Financial Position – January 2021

53.1.1 Mr Marriott presented the previously circulated paper. He noted that the Audit and Risk Committee were considering a number of business continuity elements regarding learning from the response to the Covid-19 situation in 2020 which could be taken forward into future years. One area of change included making quick decisions on financial impact which had been done by the Gold Command weekly meetings.

53.1.2 Mr Marriott advised that the Scottish Government had allocated more funds to cover Covid-19 costs than had been requested for 2020-21 so work was in progress with

the Scottish Government on ways of carrying forward some of this into next year for further Covid-19 costs.

53.1.3 Mr Payne advised that the Resilience Annual Report was brought to the Healthcare Governance Committee by the Director of Public Health.

53.1.4 Members accepted the recommendations laid out in the paper and accepted significant assurance on the ability to achieve a breakeven position in 2020-21.

53.2 NHS Lothian 5 Year Financial Outlook and Outline Plan 2021-22

53.2.1 Ms Goldsmith presented the previously circulated paper. She noted that the main risks were in the relationship between capacity and performance and the impact of the NRAC funding formula on performance. In unscheduled care and in CAMHS NHS Lothian's backlog of appointments is a higher percentage of the population served than other areas of Scotland.

53.2.2 There was a need to continue to discuss how NHS Lothian's NRAC funding deficit resulted in a care deficit but it was noted that other Boards also had funding gaps in their financial plans and that NHS Lothian was achieving financial breakeven at the end of each year but with a care deficit. It was noted that NHS Lothian's escalation position for scheduled and unscheduled care and mental health meant that a plan for improvement with the Scottish Government must include increased capacity.

53.2.3 Mr Marriott advised that Covid-19 vaccination costs would be funded by the Scottish Government. This included new Scottish Government guidance that vaccinators should be paid according to their ordinary pay grade rather than on a separate pay scale for this work, giving the programme a higher cost.

53.2.4 A focus for next year would be to reduce the numbers of additional staff taken on in 2020-21 for those on fixed term contracts as this was a significant payroll cost and risk of £66 million.

53.2.5 Members accepted the recommendations laid out in the paper and accepted limited assurance on the current liklihood of a balanced financial position in 2021-22.

54. Sustainability

54.1 Biodiversity and Climate Change Assessment for the NHS Lothian Estate

54.1.1 Dr Hopton and Mr Mackenzie presented the previously circulated paper. It was noted that there were sustainability champions on all the sites but that there were only 21 grounds staff overall for the 45% of the estate that was green space. There was support from Public Health Scotland. A plan for green space needed to be integrated into strategic site plans.

54.1.2 Members accepted the recommendations laid out in the paper and asked that more work was done on making contact with key stakeholders. They commended the work done so far.

55. Committee Business

55.1 Reflection on the meeting

55.1.1 It was agreed that the following items would be highlighted at the Board meeting: the debate on a strategic framework for the digital strategy; governance of business continuity planning; and biodiversity and green spaces.

55.1.2 It was suggested that the format of the business case template used was repetitious and could be made more efficient and requested that they also included the different cost forecasts at initial agreement, standard business case and full business case to allow sight of progression. Ms Goldsmith and Mr Graham agreed to consider these suggestions and report back at the next meeting. **SG / IG**

56. Date of Next Meeting

56.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 21 April 2021**.

50. Meeting Dates in 2021

50.1 Further meetings in 2021 would take place on the following dates:
- 2 June 2021
- 14 July 2021
- 25 August 2021
- 13 October 2021
- 17 November 2021.

Signed by the Chair: 21/04/21
Original kept to file

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 21 April 2021 by videoconference.

Present: Mr M. Hill, Non Executive Board Member (chair); Councillor S. Akhtar, Non Executive Board Member; Ms S. Goldsmith, Director of Finance; Mr A. McCann, Non Executive Board Member; Ms N. McKenzie, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member.

In Attendance: Ms J. Campbell, Chief Officer, Acute Services; Mr I. Graham, Director of Capital Planning and Projects; Mr H. Hamilton, Finance Manager, Acute Services; Dr J. Hopton, Programme Director, Facilities; Mr C. Kerr, Senior Project Manager, Capital Planning; Mr C. Marriott, Deputy Director of Finance; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Ms F. Wilson, Head of Health, West Lothian Health and Social Care Partnership.

Apologies: Mr C. Campbell, Chief Executive; Ms T. Gillies, Medical Director.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves. He welcomed new Committee members Councillor Akhtar and Ms McKenzie and thanked Councillor McGinty and Mr Murray for their contributions noting that they were no longer members of the Committee.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

1. Committee Business

1.1 Minutes and Actions from Previous Meeting (10 March 2021)

1.1.1 Members accepted the minutes from the meeting held on 10 March 2021 as a correct record.

1.1.2 The updated cumulative action note had been previously circulated.

1.2 Response from the Members' Survey

1.2.1 The paper had been previously circulated. The main area for improvement identified was on opportunity for members' personal development. National Education Scotland had developed national modules for board members but more specific work was needed to prepare members for the specific knowledge they needed for each committee.

1.2.2 There were also comments on the papers received by the Committee and the need for them to be focused on the information required for decisions to be made. Hyperlinks to other documents were not felt to be any improvement on including the extra detail in the paper itself. This was especially relevant to business cases which needed to be in simple language, focused and only including key points, although it was noted that it was also part of the Board members' role to pick out the relevant information in what was presented. It was agreed that development was needed here as not all staff had training and experience to write business cases in this way and they may not do them often. It was suggested that Committees that see papers prior to the Finance and Resources Committee could have a role in ensuring the key points were clear.

1.3 Committee Annual Report 2021/21

1.3.1 The paper had been previously circulated. Regarding point 7 of the 'statement of assurance need' on maintenance of the estate it was noted that there was assurance on what was being delivered but that there was not the resources to maintain the estate to Scottish Government standards so there was prioritisation of higher risk areas and mitigation of risk. It was agreed to change the level of assurance to 'moderate.' It was suggested that a connection should be made between estate risks and clinical risk.

1.3.2 Members accepted the other levels of assurance laid out in the statement of assurance need.

2. Capital

2.1 Property and Asset Management Investment Programme

2.1.1 Mr Graham presented the previously circulated paper. Ms Goldsmith noted that £20 million had been carried forward into 2021-22 and some of the programmes planned in 2020 had been fast tracked using money received as part of the funding for the covid response, allowing the 2021-22 programme to be enhanced.

2.1.2 It was noted that a project bank account was now mandated by the Scottish Government for projects with a cost of over £2 million. This was to allow sub contractors to access funds more timeously than through the supply chain.

2.1.3 Regarding the backlog maintenance proposal, there was an indication that funding would be available as part of national work and progress was expected in the next quarter of the year.

2.1.4 Regarding the Chalmers Crescent sale, capital receipts would go into the capital fund.

2.1.5 There was discussion about the need for review of the Board's prioritisation framework. It was noted that the programme up until 2025 was being presented for sign off , but that as the situation changed the priorities of both the Board and the Scottish Government may change. Ms Goldsmith agreed to bring a paper detailing the current plan and any suggestions for consideration or reprioritisation to the next meeting. **SG**

2.1.6 Mr Graham advised that all services had now moved out of the old Children's Hospital. Remaining furniture and equipment was being disposed of to other areas of the estate or to charity. There was engagement with the purchaser regarding SEPA survey and archeology requirements. The building was secured with CCTV and physical security.

2.1.7 Members accepted the recommendations laid out in the paper but agreed to 'note' the five year programme rather than to approve, with further discussion at the next meeting.

2.2 East Calder Medical Centre – Outline Business Case

2.2.1 Ms Wilson presented the previously circulated paper. She noted that there had been discussion with community teams regarding more digital ways of working as part of the covid response and whether this would affect the needs of the premises in the future. The population in the area was expanding but the size of the existing health centre was severely limiting.

2.2.2 The workforce risk was noted and it was suggested that there could be more information on the mitigation of this in the risk mitigation section.

2.2.3 There had been a cost increase since the initial agreement was approved in 2018. This was because no costings had been done initially on the energy design as guidance had been awaited.

2.2.4 Mr Hill asked that the environmental impact assessment be included in the full business case and that a benefits analysis on sustainability should be included. The full business case would be expected in 2022.

2.2.5 Members accepted the recommendations laid out in the paper and approved the outline business case.

2.3 Royal Hospital for Children and Young People / Department for Clinical Neurosciences progress update

2.3.1 Ms Goldsmith presented the previously circulated paper. The hospital was fully open with all services moved and the PPI site was now onto the management stage. Members wished to formally recognise the amount of work done by the Finance Director and her team to get to this stage.

2.3.2 Members accepted the recommendations laid out in the paper,agreed the end of formal reporting and looked forward to being able to visit the new hospital.

3. Revenue

3.1 Buy back of RIE car park

3.1.1 Ms Goldsmith presented the previously circulated paper. She advised that the consultants EY had assessed the cost and found it to be within a fair range and this had been accepted by the Scottish Government.

3.1.2 Regarding the excusing clause mentioned at item 3.5 in the paper, Ms Goldsmith explained that this referred to compensation in the event that poor management of the car park by NHS Lothian affected the management of Consort's adjacent sites in the future.

3.1.3 Additional costs would be incurred for running the car park and the Scottish Government had agreed to fund this. Ms Campbell's team was working on a permit system for the use of the car park. It was noted that planning permission had been requested for the extension of the car park by 300 spaces. An update was requested for the next meeting to include an analysis of current and future demand for car parking and how this might be managed.

SG

3.1.4 Members accepted the recommendations laid out in the paper.

3.2 Financial Position 2020-21

3.2.1 Mr Marriott presented the previously circulated paper. Members accepted the recommendations laid out.

4. Sustainability

4.1 Sustainability Update

4.1.1 Dr Hopton gave a verbal report. It had been agreed that the delivery of the Sustainability Framework and Action Plan would be a corporate objective in the following year.

4.1.2 The capital investment plan for the Western General Hospital energy infrastructure was being submitted to the Scottish Government Capital Investment Group and it was expected to be presented to the Finance and Resources Committee in June 2021. **SG**

4.1.3 Money had been allocated from the Scottish Government non-domestic energy efficiency fund. A proposal for application to the carbon investment fund was in development for the executive team. A paper would be submitted to the next Planning, Performance and Development Committee on sustainability metrics. The Climate Change Annual Report would be brought to the Finance and Resources Committee at the next meeting in June 2021.

4.1.4 The City of Edinburgh Climate Commission was keen to support city wide planning for sustainability and had recognised NHS Lothian, the City of Edinburgh Council and the University of Edinburgh as the key partners. Work was in progress and would allow a more inclusive approach to energy infrastructure.

4.1.5 Discussions had started regarding reduction of carbon emissions at the Little France sites as these were NHS Lothian's biggest energy users.

4.1.6 Members requested that future updates would be in the form of a short written paper which would help absorption of the key points and would emphasise the range and

scope of the issues being covered which would help the organisation to address sustainability issues. **JH**

4.1.7 It was noted that the climate change strategy could also include improving the health and wellbeing of staff and that green space was an important element in this.

5. Committee Business

5.1 Reflection on the meeting

5.1.1 The chair agreed to raise the following areas of discussion at the next Board meeting: backlog maintenance concerns; car park buy back; the sustainability plan and capacity; prioritisation of capital spending – this may also go to the Planning, Performance and Development Committee.

6. Date of Next Meeting

6.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 2 June 2021**.

7. Meeting Dates in 2021

7.1 Further meetings in 2021 would take place on the following dates:
- 14 July 2021
- 25 August 2021
- 13 October 2021
- 17 November 2021.

Signed by the Chair: 02/06/21
Original kept to file

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 1.00pm on Tuesday 23 March 2021 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Ms A. Crippen, Patient and Public Representative; Mr J. Encombe, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms C. Hirst, Non Executive Board Member; Ms S. Mackie, Patient and Public Representative; Ms L. Rumbles, Partnership Representative.

In attendance: Ms J. Campbell, Chief Officer, Acute Services; Mr C. Bruce, Lead on Equalities and Human Rights (item 65.1); Dr K. Dee, Interim Director of Public Health and Health Policy; Ms S. Gibbs, Quality and Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms M. Hughes, West Lothian Health and Social Care Partnership; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services (item 66.4); Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse; Ms R. Suleiman, Equality and Diversity Advisor (item 65.1); Professor A. Timoney, Director of Pharmacy.

Apologies: Dr P. Donald, Non Executive Board Member.

Chair's Welcome and Introductions

The Chair welcomed existing and new members to the meeting and noted that Jock Encombe will be formally nominated as a committee member at the April Board meeting.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

61. Minutes from Previous Meeting (12 January 2021)

61.1 The minutes from the meeting held on 12 January 2021 were approved as a correct record.

61.2 The updated cumulative action note had been previously circulated.

62. Patient Story

62.1 Ms Mackie read out feedback which had been posted on Care Opinion regarding a complaint about staff not practising distancing or wearing masks and giving an inconsistent message on whether the patient was allowed to be accompanied in an outpatient clinic.

62.2 Professor McMahon and Ms Campbell advised that the message to staff to set an example on following Covid precautions had been constantly reinforced through nursing and site management routes and this would continue.

63. Emerging Issues

63.1 Nursing Recruitment

63.1.1 Professor McMahon noted the risk of difficulties in nursing recruitment in certain areas, but advised that there were no patient safety concerns currently. Recruitment would be overseen by the Staff Governance Committee but any safety concerns would be reported to the Healthcare Governance Committee.

63.2 Covid Vaccination Programme

63.2.1 Ms Ireland noted that the Board had been briefed on progress with the programme and that a paper would be submitted to the next Board meeting – but that the governance route would be through the Healthcare Governance Committee.

64. Healthcare Governance Committee Annual Report and Assurance Need

64.1 Ms Gibbs presented the previously circulated paper and advised that following feedback the final report would be brought for approval to the next meeting in May 2021.

64.2 It was suggested that the change in Membership of the Committee over the year should be captured in the report so that this could be taken into account in signing off the assurance need. It was agreed that guidance from Alan Payne about what to consider when signing off the assurance need would be circulated before the next meeting as well as work being done by Jo Bennett on how the assurance need statement was related to risks. **TG**

64.3 Members accepted the recommendations laid out in the paper and agreed to consider the final report at the next meeting in May 2021.

65. Person Centred Care

65.1 Equality Outcomes

65.1.1 The chair welcomed Mr Bruce to the meeting and he presented the previously circulated paper. Members supported the partnership approach which supported Council priorities such as reducing homelessness.

65.1.2 This paper had been reviewed by the patient and public representatives group. Ms Crippen reported that the group had felt that the 260 people who participated in the consultation on the strategy did not adequately represent minorities and target groups. Mr Bruce advised that the consultation could not be expanded due to time constraints and Covid restrictions and the Scottish Government had declined to extend the timeline for outcomes to be reported. Further consultation would take place in the future on implementation or actions. He noted that there had been feedback from some minority groups, for instance the Polish community.

65.1.3 The feedback from the patient group on the poster to accompany the report was that it was difficult to understand. They also suggested that the language used in the report regarding ‘elimination’ and ‘eradication’ of racism seemed to be too optimistic and an aim to minimise racism seemed a more realistic approach, but Ms Suleiman advised

that according to research these were the words that black and Asian people wanted to be used to represent a motivating and ambitious approach.

65.1.4 Ms Ireland noted that significant progress had been over the last few years. Members accepted the recommendations laid out in the paper and accepted moderate assurance on meeting the outcomes. A reporting timescale would be agreed with Mr Bruce outwith the meeting. **FI**

65.2 Patient Experience and Feedback

65.2.1 Ms Morrison presented the previously circulated paper. This paper had been reviewed by the patient and public representatives group. Ms Mackie noted that it was disappointing that no feedback on the management of complaints had been received from the surveys sent to those who had been through the complaints process. There was a clear process for collecting feedback but this was not producing any outcome and should be reconsidered.

65.2.2 The patient group suggested that a patient representative might be helpful on the Programme Board and Professor McMahon agreed to discuss this. **AMcM**

65.2.3 The Chair sought clarification around the statement of risk and the proposal to remove this item from the corporate risk register. Professor McMahon agreed to review and a proposal would be included in the next paper.

65.2.4 Members noted the improvement on complaints management and Professor McMahon noted that this had been an area of focus for the executive team but Members were not able to accept moderate assurance as further improvement was needed on stage 1 and stage 2 complaints (indicator 5). Members accepted limited assurance and asked that the next report would include a suggested new process for getting feedback on complaints management (indicator 2). Moderate assurance was accepted on indicator 9. **AMcM**

65.2.5 The findings from the internal audit report would be included in the next paper to the Committee. **AMcM**

66. Safe Care

66.1 Healthcare Associated Infection Update

66.1.1 Professor McMahon presented the previously circulated paper and agreed that a paper specifically covering management of Covid outbreaks would be brought to the next meeting in May 2021. **AMcM**

66.1.2 An unannounced Healthcare Environment Inspectorate inspection took place at the Royal Infirmary of Edinburgh on 9-11 March 2021. Initial feedback was positive and the final report would be submitted to this Committee for information once received.

66.1.3 Members accepted the recommendations laid out in the paper.

66.2 Royal Infirmary Theatre Ventilation Systems

66.2.1 Professor McMahon presented the previously circulated paper. It was noted that there is a recognised low level of incidence of fungal endocarditis in cardiothoracic theatres in other centres but that several cases of post operative infection in four years was unusual and advice had been sought from UK microbiology and cardiology experts.

66.2.2 It was noted that there was no requirement for buildings to be upgraded when new standards came in.

66.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

66.3 Health and Safety Clinical Governance and Performance Annual Report

66.3.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

66.4 Mental Health Tayside Review

66.4.1 Ms McKigen presented the previously circulated paper. This paper had been reviewed by the patient and public representatives group who were pleased to see the comprehensive review and looked forward to seeing the action plan progressing. Ms McKigen advised that the Patients Council had been involved with the review and would continue to be involved in overseeing actions.

66.4.2 Professor McMahon advised that Health and Safety risks were overseen by the REAS Health and Safety Committee and agreed to make this link more explicit in the action plan.

66.4.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

66.5 Public Protection Update

66.5.1 Professor McMahon presented the previously circulated paper. It was noted that there had not been any rise in adult or child protection referrals made in the last year but this would continue to be monitored.

66.5.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

67. Effective Care

67.1 Cancer Patients: Access to Diagnosis and Treatment

67.1.1 Ms Gillies presented the previously circulated paper noting that the main report on cancer services key performance indicators would come to the meeting in July as per the workplan. The paper showed that for lung cancer although there had been fewer referrals from GPs as ‘urgent suspicion of cancer’ in 2020 compared to previous years, the same total number of patients were presenting through different routes. The number of cancer patients receiving palliative care was also similar to previous years, indicating that patients were not presenting at a later stage of cancer.

67.1.2 These figures would continue to be monitored and more work was needed to provide the same data for breast and colorectal cancer services.

67.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

67.2 Children and Young People Programme Board Update

67.2.1 Professor McMahon presented the previously circulated paper. The Programme Board provided a single oversight group that with representatives from all areas of the children's services structure.

67.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

68. Exception Reporting Only

68.1 Children's Services Plan

68.1.1 Members were asked to approve the children's services plans on behalf of the board before it was reported to the Scottish Government. The plans were commended developed in partnership with the health and Social Care Community Planning Partnerships.

68.1.2 Professor McMahon confirmed that work continued in Edinburgh to consider the governance framework and operational proposals were being developed for Childrens' Services.

68.1.2 Members accepted the recommendations and approved the plans subject to two amendments in the Edinburgh plan to remove reference to the Strategic Planning Committee which no longer existed and the Integrated Childrens' Services Board which had not met for the last two years.

68.2 Spiritual Care Annual Report

68.2.1 Professor McMahon highlighted the important work done for staff and patients by this team this year in particular in response to the pressures of Covid.

68.3 Members noted the following previously circulated papers:

68.3.1 Breast Cancer Screening Annual Report
68.3.2 Tissue Governance Annual Report
68.3.3 Scottish Trauma Audit Group (STAG) Annual Report
68.3.4 Organ Donation Annual Report

69. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

69.1 Area Drug and Therapeutics Committee, 4 December 2020

69.2 Organ Donation Sub Group, 19 November 2020
69.3 Clinical Management Group, 13 October, 9 November 2020, 14 January 2021

70. Corporate Risk Register

70.1 Ms Gibbs presented the previously circulated paper. Members accepted the recommendations laid out in the paper. It was noted that the corporate risk register was reviewed by the Corporate Management Team every two months. The committee confirmed that none of the issues discussed during the meeting impacted on the current risks or risk levels on the corporate risk register.

71. Date of Next Meeting

71.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 25 May 2021** by video conference.

72. Further Meeting Dates

72.1 Meetings would take place at **1.00pm** on the following dates in 2021:
- 27 July 2021;
- 7 September 2021;
- 9 November 2021.

Signed by the Chair: 25/05/21
Original kept to file

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 17 February 2020 via Microsoft Teams.

Present: Mr W. McQueen, Non Executive Board Member (Chair); Ms J. Butler, Director of Human Resources and Organisational Development; Ms J. Clark, Partnership Representative; Ms H. Fitzgerald, Partnership Representative; Ms T. Gillies, Medical Director; Ms C. Hirst, Non Executive Board Member; Ms K. Kasper, Non Executive Board Member, Whistleblowing Champion; Professor A. McMahon, Executive Nurse Director; Councillor D. Milligan, Non Executive Board Member; Ms A. Mitchell, Non Executive Board Member; Mr T. Waterson, Employee Director, Non Executive Board Member.

In attendance: Mr C. Bruce, Equalities and Human Rights Lead (item 38.2); Mr J. Crombie, Deputy Chief Executive; Mr J. Encombe, Non Executive Board Member (observing); Ms L. Guthrie, Associate Director Infection Prevention and Control (observing); Ms R. Kelly, Deputy Director of Human Resources; Ms A. Langsley, Associate Director of Organisational Development and Learning; Ms H. Monaghan, Speak Up Ambassador; Ms B. Pillath, Committee Administrator (minutes); Mr I. Wilson, Head of Health and Safety.

Chair's Welcome and Introductions

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

35. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 16 December 2020

35.1 The minutes from the meeting held on 16 December 2020 were approved as a correct record with the addition of Mr Wilson to the attendance list.

35.2 Members noted the previously circulated updated cumulative action note.

36. Matters Arising

36.1 Staff Governance Work Plan Update

36.1.1 Ms Kelly presented the previously circulated workplan. She advised that the previous workplans had been based on Everyone Matters but as this had not been updated for a few years it would be useful to consider the basis of the workplan for next year. Ms Kelly and Ms Butler would meet with the Chair of the Committee to consider this further. It was noted any issues relevant to more than one governance Committee would be communicated through the Chairs of the relevant Committees. The 'reflections on the meeting' part of the agenda would be the relevant place to highlight any issues to be raised.

37. Assurance and Scrutiny

37.1 Corporate Risk Register

3328 Traffic Management Risks

37.1.1 Mr Crombie gave a verbal update. The traffic management group was overseeing the management of traffic flow on the main sites. The Royal Edinburgh Hospital had a small number of parking spaces on site; a problem with additional traffic on site blocking emergency access had been addressed and this was being monitored. St John's Hospital site had a barrier system in place for the car park and more traffic management staff had been employed; there had been no recent incidents. There was limited parking capacity at the Western General Hospital; barrier systems and more traffic management staff had been introduced.

37.1.2 The Royal Infirmary had seen an increase of 40% in car park use and car parks would be full by 9.00 am each morning. Secure perimeter parking had been introduced for patients and there had been no reports of problems with patient access to the site or of services being affected by clinical staff arriving late. There had been two recent incidents in the car park both involving staff queuing for the car park pulling out and colliding with other vehicles; there were no injuries.

37.1.3 The number of staff on site had been reduced as much as possible by facilitating working from home. Preparation for the reintroduction of the permit system was in progress but this could not be introduced until the Scottish Government advice not to use public transport had been removed. The system had been agreed by Partnership but was likely to raise external scrutiny as some staff previously accessing the site for parking will no longer be able to. All traffic management staff now had cameras and a process for ensuring all incidents of aggression were recorded on datix was in place.

37.1.4 Planning permission had been approved for an extra 300 parking spaces but there had been a delay in negotiation on the release of the plot from the University and the spaces were not likely to be available before the summer.

37.1.5 Traffic management staff were NHS staff on all sites except the Royal Infirmary; all staff wore NHS Lothian uniforms. Incidents where senior NHS staff had behaved abusively towards traffic management staff had been quickly acted on and the frustration for staff being unable to access parking was noted.

37.1.6 A cycle to work scheme and incentives for staff accessing the site by bicycle or electric bicycle were in place.

3455 Management of Violence and Aggression

37.1.7 Professor McMahon and Mr Wilson gave a verbal update. Data was being gathered on the use of staff personal security devices for category 1 lone workers going into patient's homes and the risk assessment training for staff to support their use. A new online LearnPro training resource was available and face to face training was taking place using Microsoft Teams. More data on this would be available in the next update. More investigation was also required into the use of the personal security devices as staff did not appear to be requesting these in some areas. Other options for staff personal safety may be more acceptable to staff and easier to implement and monitor.

37.1.9 Professor McMahon noted that assurance that staff working in these situations were safe had to be based on triangulation of data on adverse events and other

indicators of harm, and ensuring staff were confident on assessing risks and taking action to mitigate risk.

3527 Medical Workforce Sustainability

37.1.10 Ms Gillies gave a verbal update. Recruitment was open for national training schemes and clinical fellows and work was in progress to review where these staff were deployed and how these roles interact with other established roles working with medical staff.

3828 Nursing Workforce – safe staffing levels

37.1.11 Professor McMahon gave a verbal update. Staffing shortages at St John's Hospital had resulted in inability to use the full bed capacity. Work has been done on monitoring and improving psychological health of the nursing workforce at St John's Hospital and also looking at alternative workforce models and reconfiguration of beds. Recruitment to fill vacancies was ongoing and interviews for 28 band 5 nurses would be held that day.

37.1.12 There was dialogue with the head of West Lothian College with the aim of providing work placement opportunities for nursing students as well as employing student nurses as band 2 and 3 clinical assistants to provide a basis for application for employment as nurses once qualified. Edinburgh College was making similar plans.

37.1.13 It was noted that COVID restrictions had not affected nursing recruitment as most new applicants come from the local universities and colleges.

37.2 Health and Safety Assurance

37.2.1 Ms Gillies presented the previously circulated paper noting that the paper looked to demonstrate compliance with the health and safety policies rather than the impact of the policies. Where there was poor compliance alternative solutions would be needed. Members noted the work done but required more evidence of implementation. A paper at the next meeting would ask members to accept a recommended level of assurance. **TG**

38. Healthy Organisational Culture

38.1 COVID situation update

38.1.1 Ms Kelly gave a verbal update on the staff working in the Vaccination Centres. Retired staff had registered with the Nursing and Midwifery Council and General Medical Council on temporary licenses and were being employed on fixed term contracts. Independent contractors including GP staff and other internally employed staff had joined the Staff Bank and were also undertaking shifts within the Vaccination Centres.

38.1.2 The staff sickness absence and staff turnover rates had remained static during the pandemic but would be kept under review. Work continued on a range of new and additional staff wellbeing interventions using the stepped care model to support staff.

38.1.3 It was noted that NHS Boards in the west of Scotland had been under far more sustained pressure due to higher case numbers in that area but NHS Lothian had not investigated whether they had data to indicate the impact on staff. Staff wellbeing interventions made by other boards had been reviewed and NHS Lothian was involved a national piece of work looking at charge nurses. Ms Langsley noted that NHS Lothian was ahead of other boards with the number of interventions in place. NHS Lothian is the only board doing the 'Joy at Work' programme and other boards had asked for details of NHS Lothian's programme for shielding staff.

38.1.4 Ms Butler advised that there had been a 90-94% uptake rate for PCR weekly staff COVID testing in the three areas where this has been made available. Lateral flow weekly staff testing began to be offered on 8 December 2021. 74% of staff offered the testing equipment had opted to receive it. The online system for recording results was national and required staff to input their own results; this data did not currently correlate with the number of test kits issued. 71 positive results had been recorded using lateral flow tests since 8 December and a number of these were subsequently confirmed by PCR tests. Lateral flow tests would be made available to independent contractors and to areas important for resilience such as laundry staff.

38.2 Advancing Equalities Action Plan

38.2.1 Ms Kelly introduced the previously circulated paper. This paper was focussed on the progress against the Advancing Equalities Action Plan. Work was ongoing with the four Staff Networks to develop action plans for each of the Networks for the coming year. . Research had been carried out on how other organisations had developed the role of diversity champions and this would be further discussed in terms of how such roles might be introduced in NHS Lothian.

38.2.2 It was noted that surveys on the uptake of COVID vaccines among black, Asian and minority ethnic groups reported in the media was the result of local work and there had been no national instruction to collect this data.

38.2.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that progress was being made against the actions.

38.3 Whistleblowing Monitoring Report

38.3.1 Ms Kelly presented the previously circulated paper. Two further whistleblowing cases had been raised since the previous update.

38.3.2 Ms Butler advised that she was not confident that NHSL's many independent contractors would all be in a position to properly implement the new whistleblowing standards by the deadline of 1 April 2021. They would, however, be implemented for NHS Lothian staff. The ability of managers to participate in training sessions had been reduced due to COVID. Lunchtime sessions would be held during March 2021 to try and raise the awareness. NHS Lothian was starting from a strong position with the implementation of the new standards given the work already done to date i around whistleblowing and how to raise concerns. The new standards required that all managers recognised where a concern raised fell under the whistleblowing process and how to deal with and record the concern; whereas previously only concerns raised at Level 2 were formally recorded and reported.

38.3.3 Under the new standards the Board would be responsible for the whistleblowing provision by independent contractors which the Board was not managerially responsible for. Independent contractors had not been engaged with directly as part of the process of setting these standards and smaller organisations may not have the infrastructure to easily implement the new requirements. This would be a challenging area for the Board.

38.3.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

38.4 Speak up Update

38.4.1 Ms Monaghan presented the previously circulated paper and members accepted the recommendations laid out.

38.5 iMatter Update

38.5.1 Ms Kelly gave a verbal update. The iMatter staff survey had been paused in 2020 and replaced by a one off Everyone Matters pulse survey. iMatter would restart in 2021 but the start time would be delayed probably to early summer. It was proposed that staff would be surveyed in two cohorts throughout the year but this proposal was awaiting final sign off from the National Team. A further update would be brought to the meeting in May 2021. **RK**

39. Sustainable Workforce

39.1 Workforce Planning Update

39.1.1 Ms Butler presented the previously circulated paper and advised that workforce planning was overseen by two groups. The Nursing Workforce group monitored actions specific to nursing workforce and the Workforce Planning and Development Programme Board received updates from all the workstream leads and kept review of the action plans.

39.1.2 Members accepted the recommendations laid out in the paper.

39.2 Workforce Report

39.2.1 Ms Kelly presented the previously circulated paper. There was 33% compliance among staff with the Agenda for Change appraisal tool. Use of the tool was paused in 2020 but managers were now being encouraged where possible to undertake these appraisal sessions. COVID absences due to self isolation of staff who had symptoms or contact with a positive case had fluctuated in line with the COVID case rate in the community and were expected to continue to fall as vaccine rollout took effect.

39.2.2 Ms Gillies advised that all positive COVID test results in staff were followed up and managers used a comprehensive questionnaire when RIDDOR might be relevant, but most staff positive cases were related to community rather than work acquisition given the rate of the infection in the community. Acquisition at work was difficult to determine.

40. Capable Workforce

40.1 Mandatory Training Score Card

40.1.2 Ms Langsley gave a verbal update. The high functioning mandatory training dashboard was lost when NHS Lothian moved to the National HR System - eESS. The aim was to implement an alternative system which would allow managers to report on training compliance and a data feed between LearnPro and eESS was being investigated to allow the dashboard to include both face to face and LearnPro training; this system was expected to be implemented by 1 April 2021.

41. Effective Leadership and Management

41.1 Talent Management

41.1.1 Ms Langsley presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

42. Committee Business

42.1 Reflections on the meeting

42.1 It was agreed that the chair would discuss the nursing workforce situation with Ms Butler and Professor McMahon before bring this to the attention of the Board. **BMcQ**

42.2 Alison Mitchell

42.2.1 The chair noted that this would be Ms Mitchell's last meeting as member of this Committee as her term as Board member was complete. He thanked Ms Mitchell warmly for her very significant contributions over her more than eight years on the Committee with more than three of those as chair and noted her achievements in bringing about a performance focussed approach, her successful focus on whistleblowing and her efforts for three years on the Remuneration Committee. Ms Mitchell said she had particularly enjoyed engaging with the work of the Staff Governance Committee. She appreciated the good wishes of members and commended the excellent work and good practice of the Human Resources staff and the Lothian workforce.

43. For Information and Noting

Members noted the following previously circulated papers for information:

43.1 Staff Governance Statement of Assurance Need;
43.2 Minutes of the Staff Engagement and Experience Programme Board, 25 Jan 2021;
43.3 Minutes of the Workforce Development Programme Board, 10 November 2020;
43.4 Minutes of the Lothian Partnership Forum, 22 December 2020.

44. Date of Next Meeting

44.1 The next meeting of the Staff Governance Committee would take place at **9.30** on **Wednesday 26 May 2021**.

45. Further Meeting Dates in 2021

45.1 Meetings would take place on the following dates in 2021:

- 28 July 2021;
- 20 October 2021;
- 15 December 2021.

Signed by the Chair: 26/05/21
Original kept to file

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 2 February 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Tony Duncan, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Ian Mackay (from item 4), Jacqui Macrae, Councillor Melanie Main, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

Officers: Matthew Brass, Kirsty Dewar, Ann Duff, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Jenny McCann and Katie McWilliam.

Apologies: Peter Murray

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 15 December 2020.

2. Rolling Actions Log

The Rolling Actions Log for February 2021 was presented.

Decision

1) To agree to close the following actions:

- Action 2 – Ministerial Strategic Group and Audit Scotland Integration Reviews – Edinburgh Update.
- Action 3 – Enhancing Carer Representation on Integration Joint Boards.
- Action 4 – Carer and Service User Representatives.

- Action 6 – Edinburgh Primary Care Improvement Plan Update
- Action 7 – Chief Social Work Officer's Annual Report 2019/20.
- Action 8 – Preparations for Winter 2020-2021.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

3. Finance Update

The Board was presented with an update on the projected in-year financial performance. Updated positions of both partner organisations were also provided.

It was noted that the latest projections indicated a year-end overspend of £19.2 million before the application of additional Covid-19 funding from the Scottish Government. A further allocation was due to be confirmed which would cover additional Covid-19 related costs including non-delivery of savings and offsetting cost reductions. The Chief Finance Officer gave moderate assurance that there would be a balanced position at year-end.

Decision

1) To note the current year end forecasts provided by the IJB's partners.
2) To note the funding allocations received to date to meet the additional costs of COVID-19.
3) To note that a further and final allocation would be agreed following information submitted in January 2021.
4) To note the moderate assurance given by the Chief Finance Officer on the year end outturn for delegated services.
5) To request a briefing on the short-term strategy and funding in place for Mental Health services.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted).

4. Edinburgh Joint Carers Strategy Spending Plan

A report on the Edinburgh Joint Carers Strategy (EJCS) Spending Plan was presented to the Board, which updated members on the initial proposed implementation strategy of the £35.4m allocated funding to the EJCS over a 5-year period.

Developed through consultation with carers, the report included data on where carers themselves thought the allocation of funding would make the biggest difference, and following this consultation, the report presented the following areas where the funding allocation would be focused:

- Identifying carers and information & advice;
- Health and wellbeing;
- Short breaks;

- Young carers;
- Personalising support; and
- Contingency and innovation.

It was noted that the distribution of funding may change as new information and evidence became clear as work progressed.

Decision

1) To note the spending plan associated with the delivery of the EJCS 2019-2022.
2) To agree the amended direction to implement the EJCS 2019-2022 and associated implementation plans.
3) To circulate previously completed Integrated Impact Assessments (IIAs) in relation to the carers strategy.
4) To confirm whether the completed IIAs encompassed Human Rights IA principles.

Declaration of Interest

Christine Farquhar declared a non-financial interest as a former trustee of VOCAL and as a guardian of someone in receipt of funding.

Ella Simpson declared a non-financial interest as Chief Executive of EVOC which had a Service Level Agreement in place to provide services.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

5. Ministerial Strategic Group & Audit Scotland Integration Reviews – Edinburgh Update

An update on the progress of the implementation of the recommendations from the Ministerial Strategic Group (MSG) Action Plan was presented to the Board.

The report assured members that progress had continued to be seen in relation to actions taken from the MSG review across the EIJB, the Edinburgh Health and Social Care Partnership, NHS Lothian and the City of Edinburgh Council.

The report detailed the completed actions and the areas where, due to the COVID-19 pandemic, some work had been paused as staff were relocated to support the COVID-19 response. As a result, some timescales for completion had been revised.

Decision

1) To note the progress with the MSG action plan.
2) To direct the Chief Officer and Chief Finance Officer to continue to work with NHS Lothian and City of Edinburgh Council to ensure delivery against wider partnership actions.
3) To receive a further update report in January 2022.
4) To review the 100% completion rating given to Key Feature 2.1 as there has not yet been a session on the Set Aside Budget.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

6. Appointments to the Edinburgh Integration Joint Board and Committees

A report informing the Board of a change of membership was presented.

Decision

1) To appoint Bridie Ashrowan as a non-voting member of the Joint Board to replace Ella Simpson with effect from 1 March 2021, as requested by the Edinburgh Voluntary Organisations' Council.
2) To appoint Bridie Ashrowan as a non-voting member to the Strategic Planning Group.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

7. Committee Update Report

A report was presented which provided an update on the work of the IJB Futures Committee which had met since the last Board meeting. In addition to the summary report, a draft minute of the Futures Committee was submitted for noting.

Decision

To note the update and the draft minute of the Futures Committee.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

8. Valedictory Remarks

The Chair gave thanks to Ella Simpson who was retiring from EVOC for serving on the Edinburgh Integration Joint Board and wished her well in the future.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 18 MARCH 2021.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Damian Doran-Timson, Martin Hill and Katharina Kasper

Non-Voting Members – Allister Short, Elaine Duncan, Steven Dunn, Jo MacPherson, Alan McCloskey, Ann Pike and Patrick Welsh

Apologies – Dom McGuire, George Paul, David Huddlestone, Mairead Hughes, Caroline McDowall and Rohana Wright

In attendance – Jennifer Boyd (NHS Lothian), Neil Ferguson (NHS Lothian) Carol Holmes (NHS Lothian), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Isobel Meek (Business Support Team Manager), James Millar (Standards Officer) and Fiona Wilson (Team Manager, Community Health and Care Partnership)

Martin Connor, Damian Doran-Timson and Martin Hill left the meeting during agenda item 17, at which time the meeting became inquorate.

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 19 January 2021.

3 MINUTES FOR NOTING

The Board noted the minutes of the meeting of the West Lothian Integration Joint Board Strategic Planning Group held on 10 December 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had reappointed Bill McQueen as a voting member of the IJB 1 April 2021 to 31 January 2022. The IJB noted the appointment.

5 TIMETABLE OF MEETINGS 2021/22

A proposed timetable of meetings for 2021/22 session as well as a

proposed timetable of meetings for the Strategic Planning Group had been circulated for approval.

Decision

1. The Board approved the IJB timetable of meetings and agreed to the following amended dates: 13 January 2022, 17 March 2022 and 21 April 2022.

2. The Board approved the Strategic Planning Group timetable of meetings and agreed to authorise the Chief Officer to adjust the Strategic Planning Group meeting dates if required.

6 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updating Board members on emerging issues.

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

To note the terms of the report.

7 PROGRESS REPORT - STRATEGIC COMMISSIONING PLANS

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on strategic commissioning plans and providing assurance that progress was being made with the actions contained within the plans.

It was agreed during discussion that communication should be made with Public Health Scotland regarding the ongoing analyst vacancy resulting in certain Strategic Commissioning Plan actions falling behind planned timescales.

It was also clarified that the Strategic Planning Group would review social care contract timescales in due time.

It was recommended that the Board:

1. Note progress in relation to five strategic commissioning plans;

2. Note areas where progress was falling behind, the reasons for this and the actions being taken to address;

3. Note that plans and dates for completion of actions would be reviewed and updated following further consultation with IJB's Strategic Planning Group in April 2021; and

4. Agree assurance.

Decision

1. To approve the terms of the report.

2. Officers to prepare communication addressed to Public Health Scotland regarding provision of analytical support.

8 2020/21 FINANCE UPDATE AND QUARTER 3 FORECAST

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2020/21 budget forecast position for the IJB delegated health and social care functions based on the outcome of the Quarter 3 monitoring.

It was recommended that the Board:

1. Consider the forecast outturn for 2020/21 taking account of delivery of agreed savings;

2. Note the currently estimated financial implications of Covid-19 on the 2020/21 budget; and

3. Note the current position in terms of the year end management and that significant assurance could be provided to the Board that a breakeven position was deliverable for 2020/21.

Decision

1. To note the terms of the report.

2. To note thanks from the IJB to the Chief Finance Officer and his team for delivering a balanced budget despite the challenges presented by Covid.

9 SCOTTISH BUDGET REPORT 2021

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish draft budget announced on 28 January 2021 and subsequently approved on 9 March 2021.

It was noted that there was a typographical error on Table 5 and that the date in the second line should read '2021/22' and that the core funding had increased, and not decreased as indicated in the table.

It was recommended that the Board:

1. Note the issue of the Scottish Draft Budget 2021, which included departmental spending plans for 2021/22;

2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Budget;

3. Note the funding implications for Local Government and Health Boards resulting from the 2021/22 Scottish budget;

4. Note that the IJB Chief Officer and Chief Finance Officer had worked with NHS Lothian and West Lothian Council to assess the impact of the Scottish Budget and the funding related to the 2021/22 financial contribution to the IJB from partner bodies; and

5. Note that taking account of the Scottish Budget, the IJB Chief Finance Officer had provided a financial assurance report to this meeting of the Board setting out the 2021/22 IJB budget plan.

Decision

To note the terms of the report.

10 WEST LOTHIAN IJB 2021/22 BUDGET – FINANCIAL ASSURANCE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2021/22, and seeking approval for the issue of Directions to partner bodies for delivery of 2021/22 delegated functions in advance of 1 April 2021.

It was recommended that the Board:

1. Note the financial assurance work undertaken to date on Partner budget contributions;

2. Agree that council and NHS Lothian 2021/22 core budget contributions be used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2021;

3. Agree that the Directions attached in Appendix 5 to the report be issued to West Lothian Council and NHS Lothian respectively;

4. Note current assumptions around Covid-19 funding and expenditure for 2021/22, including one off funding carried forward from 2020/21 to be used to meet additional one-off costs arising in 2021/22;

5. Agree that an update to the existing IJB medium term financial plan should be provided to the Board on 29 June 2021; and

6. Agree the updated IJB Annual Financial Statement attached in Appendix 6.

Decision

To approve the terms of the report.

11 CIPFA FINANCIAL MANAGEMENT CODE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the CIPFA Financial Management Code which has been designed to support good practice in financial management and assist in demonstrating financial sustainability.

It was recommended that the Board

1. Note the new CIPFA Financial Management Code that would apply to integration authorities from 2021/22;

2. Agree the IJB would adopt and seek to comply with the code for financial year 2021/22;

3. Note the officer responses in the action plan which demonstrated how existing processes in the IJB met the standards of the code following the publication of the guidance notes; and

4. Agree the action plan so as to ensure full compliance with the code.

Decision

To approve the terms of the report.

12 IJB BEST VALUE FRAMEWORK REVIEW

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an updated Best Value framework for consideration and approval, which reflected latest Scottish Government guidance on Best Value published in 2020.

It was recommended that the Board:

1. Note the review carried out of the IJB's Best Value framework, taking into account the most recent guidance from the Scottish Government;

2. Note the proposed changes to guidance for external auditors and the increased scrutiny of Best Value;

3. Agree the revised Best Value Framework is used to assess the IJBs compliance with Best Value from 2020/21; and

4. Agree the Framework should be reviewed after a further period of three years.

Decision

1. To approve the terms of the report.

2. The Chief Finance Officer to consider how the IJB could demonstrate compliance and evaluate performance against sustainable development framework and to coordinate relevant information gathering from both partner bodies between the time of this meeting and the June meeting of the IJB.

13 INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Board considered a report (copies of which had been circulated) by the Chief Officer updating members on the release of the final report from the Independent Review of Adult Social Care (IRASC) which was published on 3 February 2021.

It was recommended that the Board:

1. Note the publication of the Independent Review of Adult Social Care; and

2. Consider the findings of the Review and to provide initial comments and thoughts on the recommendations.

Decision

1. To note the terms of the report except recommendation 2.

2. Officers to organise a development session for members to further reflect on potential structural changes and opportunities to strengthen integration and to recommend a course of action.

3. Officers to invite the Review Team to a development session.

4. To hold recommendation 2 in abeyance until after the development session and any resulting recommendations.

14 EU EXIT UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing assurance to members that any potential European Union (EU) Exit implications for health and social care service delivery were currently being managed and there had been no immediate detrimental impact to service delivery.

It was recommended that the Board:

Note the potential risks to delivery of health and social care functions that might impact on the IJB's strategic planning role; and

Note the assurance provided by officers supporting the IJB on EU Exit preparations related to health and social care functions.

Decision

To note the terms of the report.

15 INTERIM PERFORMANCE REPORT

The meeting became inquorate at this item and was therefore adjourned.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 11 February 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Tricia Donald	Angus McCann	Cllr Derek Milligan
Cllr Jim Muirhead	Cllr Pauline Winchester	

Present (non-voting members):		
Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Hamish Reid (GP/Clinical Director)	Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)
Keith Chapman (User/Carer)		

In attendance:		
Ailsa Cook (Director, Matter of Focus)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Jill Stacey (Chief Internal Auditor)
Tom Welsh (Integration Manager)	Mairi Simpson (Integration Manager)	Lois Marshall (Assistant Strategic Programme Manager)
Jordan Simpson (Staff side representative, NHS Lothian)	Keith Slight (Staff side representative, Midlothian Council)	Mike Broadway (Clerk)

Apologies:		
Caroline Myles (Chief Nurse)	Johanne Simpson (Medical Practitioner)	Fiona Huffer (Head of Dietetics)

Midlothian Integration Joint Board

Thursday 11 February 2021

1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 10 December 2020 were submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 25 November 2020 were submitted and noted.

Carolyn Hirst who chaired the Strategic Planning Group gave the Board a brief overview of the Group's role and also its current activities.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This report provided a summary of the key service pressures and service developments which had occurred during the previous month across health and social care, highlighting in particular a number of the key activities, as well as looking ahead at future developments.	(a) To note and welcome the development of new Equality Outcomes for 2021-2025 and also a draft Performance Framework; (b) To note that the outcome of the unannounced Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital would be presented to the Board upon receipt of the	Chief Officer Chief Officer	

Midlothian Integration Joint Board

Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Board in considering the Chief Officer's report made particular reference to the good progress being made by the Lothian COVID Vaccination programme and plan, and discussed the positive feedback received following recent inspection visits by the Care Inspectorate to Highbank, Newbyres and the Care at Home Service and the general overall position regarding care in Midlothian. The Board also noted and welcomed the involvement in the Palliative Care Project, co-funded by the Scottish Government and Marie Curie. The Board concluded by joining the Chief Officer in thanking Caroline Myles, who was retiring for her role as Chief Nurse in March, for her contribution to the work of the Board.	formal feedback; and (c) To otherwise note the content of the Chief Officer's Report.		
5.2 Outcomes Approach to Performance Management The purpose of this report was to inform the Board of the main features of a new approach to performance management. The report recognising that it would take some time to roll the approach out across the Partnership, however the long-term gains in quality assurance would enable the Partnership to be more confident that all its resources were making a positive difference to the health and wellbeing of the people of Midlothian. Thereafter, in a joint presentation, Tom Welsh, Integration Manager and Ailsa Cook, Director, Matter	(a) To thank Tom and Ailsa for their extremely helpful and informative presentation and to note that this would be picked up further as part of a future Development Workshop session; (b) To agree the high priority of this work - allowing for the continuing pressures of the ongoing coronavirus pandemic; (c) To agree that the MIJB should participation, where appropriate in the development of the high level Outcome Maps; and (d) To support the proposed service areas identified for early implementation.	All to note	Ongoing

Midlothian Integration Joint Board

Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
of Focus explained that the approach was based upon the premise that many health and social care services, whilst undoubtedly making a difference to people's lives, did not necessarily on their own, lead to an improvement in outcomes. Rather, they made a contribution, working together with other services and informal support systems. Measuring the contribution made by each service was complex and required a combination of hard data and more qualitative information. The approach now being introduced, involved the development of Outcome Maps at each level of the organisation. A new software programme, OutNav, made it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps. An enhanced capacity to measure outcomes was also consistent with the approach now being adopted by the inspection agencies. The implementation of this new approach would enable the Partnership to provide, more effectively, the evidence which the Care Inspectorate and Health Care Improvement Scotland would be seeking during future inspection visits. There then followed a general discussion during which both Tom and Ailsa responded to Members questions and comments.			
5.3 IJB Improvement Goal Progress With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report	(a) To note the performance across the indicators;	All to note.	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care. The improvement goals focused on reducing unscheduled hospital and institutional care using data provided by the Health and Social Care team at ISD Scotland. Morag Barrow was heard in amplification of the report after which there was a general discussion about the need to refresh the Local Improvement Goals, which it was acknowledged would be helped by the outcomes approach discussed earlier and also in understanding the impact that the Covid-19 pandemic was having on performance trends.	(b) To note the continuing impact the ongoing Covid-19 pandemic was having on performance; and (c) To note further information was included about current performance in Midlothian using a NHS Lothian data source (appendix 1).		
5.4 Independent Review of Adult Social Care With reference to paragraph 5.5 of the Minutes of 10 December 2020, there was submitted a report the purpose of which was to share with the Board the newly published Independent Review of Adult Social Care (IRASC) in Scotland in order to ensure that Members were aware of the potential impact of the Review and had the opportunity to consider the implications of the recommendations. Having heard from Alison White in amplification of the report, the Board in discussing the outcome of the Review acknowledged the need for change and that there were a number of good ideas arising from	(a) To note the report; and (b) To agree to explore further the potential impacts of the Review at a future Development Workshop session.	Chief Social Work Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
the Review. Concerns were, however, expressed regarding local accountability; the impact on links to the voluntary sector and the resourcing of any changes, which until more details of the strategic direction emerged where unlikely be clarified. It was also accepted that whilst the Review did offer a useful platform going forward, some of the approaches had already been adopted.			
5.5 Finance Update – Quarter 1 2020/21 This report set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter three and month nine financial reviews and considered how this impacted on the projected financial position for the IJB for 2020/21. The report advised that the financial forecasts from both MIJB's partners' took into account the COVID additional funding that had been confirmed and also acknowledged the headline content of the recent Scottish Government Budget announcement and the likely consequences for the MIJB. Claire Flanagan was heard in amplification of the report and responded to Members question and comments.	(a) Noted the quarter 3 and Month 9 financial reviews undertaken by partners; (b) Noted the impact COVID has had on the IJB financial position; (c) Noted the inclusion of COVID funding in the financial reviews undertaken by partners; and (d) Noted the recent Scottish Government Budget announcement for 2021/22.	Chief Finance Officer	
5.6 Equalities Outcomes and Mainstreaming Report 2021-2023 With reference to paragraph 5.2 of the Minutes of 8 October 2020, there was submitted a report the	(a) To welcome the progress being made in developing a new Mainstreaming and Equality Outcomes report for 2021-2023; and (b) To note the proposed new equalities outcomes.	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
purpose of which was to provide the Board with an update on the development of the new equalities outcomes and provides a draft Mainstreaming and Equalities Outcomes report for 2021-2023. The report advised that in order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations the Integration Joint Board must i. publish a set of equality outcomes which it considers will enable the authority to better perform the Public Sector Equality Duty ii. publish a mainstreaming report setting out how it will mainstream the Public Sector Equality Duty into its day-to-day functions. The Board, having heard Lois Marshall in amplification of the report, discussed the wording use in the proposed new equalities outcomes, it being generally felt that more work needed to be done to ensure they properly and accurately reflected what was intended. It would also be helpful if an indication of the intended outcomes and how it was anticipated they would be achieved could also be better articulated.			
5.7 Clinical and Care Governance Report The purpose of this report was to provide assurance to the Board as to the clinical and care governance arrangements within Midlothian, along with highlight good practice and identify any	To note and approve the content of the report.	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
emerging issues or risks. Additional reports would be submitted as appropriate throughout the year to provide updated information from specific service areas. Appended to this report was a copy of the Healthcare Improvement Scotland (HIS) Improvement Action Plan for Midlothian Community Hospital. Alison White was heard in amplification of the report following which there was a general discussion on the positive outcomes from recent Inspection Visits.	.		
5.8 Falls and Fracture Prevention - Strategic Plan Summary 2021- 2022 The purpose of this report was to provide an over-view and seek approval of the Midlothian Falls and Fracture Prevention Action Plan 2021-22; a summary of which was appended to the report. The report explained that in developing the Action Plan consideration had been given to the ongoing falls prevention and management work being carried out across services, it being considered important to acknowledge and build on this in future decision making in partnership with all identified service providers. Having heard from Alison White in amplification of the report, the Board were fully supportive of the preventative approach and discussed the possibility of a role for communities/community groups in providing support for vulnerable individuals living in the community, in much the same way as was	(a) To note the contents of the Action Plan and its implementation plan; (b) To note that the possibility of an enhance role for communities/community groups would be raised at the Care for People Group; and (c) To note that the Strategic Planning Group would look at the possible referencing of Falls in future Strategic Plan.		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
already happening during the current pandemic. Consideration was also given to the fact that Falls were not currently directly referenced within the Midlothian Strategic Plan, it being suggested that this was a matter which should be picked up by the Strategic Planning Group.			

6. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 6, 8, 9 and 10 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

6.1 Care at Home Recommissioning – Approved the recommendations.

7. Any other business

No additional business had been notified to the Chair in advance.

8. Date of next meeting

The next meetings of the Midlothian Integration Joint Board would be held on:

- Thursday 11 March 2021 2pm Special Board Meeting/Development Workshop
- Thursday 8 April 2021 2pm Midlothian Integration Joint Board

(**Action: All Members to Note**)

The meeting terminated at 3.55 pm.

NHS LOTHIAN

Board
23 June 2021

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES/ INTEGRATION JOINT BOARDS

1 Purpose of the Report

1.1 Lothian NHS Board's Standing Orders state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chair on committee appointments.

Any member wishing additional information should contact the Chair in advance of the meeting.

2 Recommendations

The Board is recommended to:

2.1 Re-appoint Dr Ian McKay as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

2.2 Appoint Professor Emma Reynish as the '*registered medical practitioner who is not providing primary medical services'* non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

2.3 Re-appoint Jacqui Macrae as the '*registered nurse'* non-voting member of the Edinburgh Integration Joint Board for the period from 12 August 2021 to 11 August 2024.

2.4 Appoint Professor Siddarthan Chandran as a voting member of the Edinburgh Integration Joint Board from 1 August 2021 to 31 July 2024

2.5 Re-appoint Dr Hamish Reid as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Midlothian Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

2.6 Appoint Fiona Stratton as the 'registered nurse' non-voting member of the Midlothian Integration Joint Board for the period from 23 June 2021 to 22 June 2024.

2.7 Re-appoint Dr Jon Turvill as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

2.8 Appoint Dr Karen Adamson as the '*registered medical practitioner who is not providing primary medical services'* non-voting member of the West Lothian Integration Joint Board for the period from 1 August 2021 to 31 July 2024.

2.9 Appoint Dr Richard Williams as a member of the Remuneration Committee with immediate effect.

2.10 Appoint Cllr. George Gordon as a member of the Finance & Resources Committee with immediate effect.

3 Discussion of Key Issues

Integration Joint Boards

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (as amended) determines the membership of integration joint boards. The NHS Board has to appoint a person to the following non-voting positions:

> '(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
>
> (g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
>
> (h) a registered medical practitioner employed by the Health Board and not providing primary medical services.'

3.2 The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

Edinburgh Integration Joint Board

3.3 Dr Ian McKay is currently the non-voting member who is the '*registered medical practitioner whose name is on a list of primary medical services performers*'. His current term ends on 26 June 2021. It is recommended that the Board re-appoint him for the period from 27 June 2021 to 26 June 2024.

3.4 Dr Andrew Coull is currently the non-voting member who is the '*registered medical practitioner who is not providing primary medical services*'. His current term ends on 26 June 2021 and he will be standing down from the integration joint board. It is recommended that the Board appoint Prof. Emma Reynish to this position for the period from 27 June 2021 to 26 June 2024.

3.5 Jacqui Macrae is currently the non-voting member who is 'a registered nurse'. Her current term ends on 11 August 2021. It is recommended that the Board re-appoint her for the period from 12 August 2021 to 11 August 2024.

3.6 Nancy McKenzie will be stepping down from the Board on 30 July 2021 and is currently a voting member of the integration joint board. It is recommended that the Board appoint Professor Siddarthan Chandran as a voting member of the Edinburgh Integration Joint Board from 1 August 2021 to 31 July 2024.

Midlothian Integration Joint Board

3.7 Dr Hamish Reid is currently the non-voting member who is the '*registered medical practitioner whose name is on a list of primary medical services performers*'. His current term ends on 26 June 2021. It is recommended that the Board re-appoint him for the period from 27 June 2021 to 26 June 2024.

3.8 Fiona Stratton has replaced Caroline Myles (who has retired) as the Chief Nurse for Midlothian Health & Social Care Partnership. It is recommended that the Board appoint Fiona as the 'registered nurse' non-voting member for the period from 23 June 2021 to 22 June 2024.

East Lothian Integration Joint Board

3.9 Dr Jon Turvill is currently the non-voting member who is the '*registered medical practitioner whose name is on a list of primary medical services performers*'. His current term ends on 26 June 2021. It is recommended that the Board re-appoint him for the period from 27 June 2021 to 26 June 2024.

West Lothian Integration Joint Board

3.10 Dr Rohana Wright is currently the non-voting member who is the '*registered medical practitioner who is not providing primary medical services*', and will be stepping down from the integration joint board on 31 July 2021. It is recommended that the Board appoint Dr Karen Adamson to this position for the period from 1 August 2021 to 31 July 2024. Dr Adamson is the Clinical Director for Medicine at St John's Hospital.

Remuneration Committee

3.11 Nancy McKenzie will be stepping down from the Board on 30 July 2021 and is currently a member of the Remuneration Committee. It is recommended that the Board appoint Dr Richard Williams as a member of the Remuneration Committee with immediate effect.

Finance & Resources Committee

3.12 Nancy McKenzie is currently a member of the Finance & Resources Committee. It is recommended that the Board appoint Cllr. George Gordon as a member of the Finance & Resources Committee with immediate effect.

4 Key Risks

4.1 A committee does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

5.1 This report attends to gaps in committee membership, and it is not anticipated that there needs to be an entry on a risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently public involvement is not required.

8 Resource Implications

8.1 This report contains proposals on committee membership. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.

Alan Payne
Head of Corporate Governance
10 June 2021
alan.payne@nhslothian.scot.nhs.uk

LOTHIAN NHS BOARD

Board
23 June 2021

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update non – executive Board members on areas of activity within the Board Executive Team Director's portfolios. This report also includes contributions from Integration Joint Board Chief Officers. Directors have been invited to focus on key strategic / operational issues to bring to the attention of non – executive Board members, not otherwise covered in the Board papers.

1. Chief Executive

1.1 **Director of Public Health and Health Policy** - This will be Dona Milne's first Board Meeting as the Director of Public Health and Health Policy. Dona took up post on 1 June 2012. The Board will also want to record their thanks to Katie Dee for covering in the interim period especially during the Covid Pandemic.

1.2 **NRAC (National Resource Allocation Committee)** - For 21/22, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of circa £14m. Since 2015/16, Lothian has received over £80m less funding than NRAC parity would provide (cumulative). For 21/22, this cumulative shortfall increases to £100m. On the basis the SG maintains a 0.8% limit on parity funding as it has done in prior years, the NRAC funding stream we have received annually over several years will cease, at least temporarily for 22/23.

1.3 The additional NRAC funding received in recent years has been driven by a rising NRAC share in Lothian, rather than closing the parity gap. Stabilisation of Lothian's NRAC share at a 0.8% gap will result in no future additional NRAC funding for NHS Lothian.

1.4 The impact of the shortfall in funding has resulted in a care deficit within Lothian and is evidenced by the challenge of delivering scheduled and unscheduled care targets that impacted even before Covid. Recently the Scottish Government has allocated resources disproportionately to reflect need (Substance Misuse funding based on numbers of drug related deaths, Covid funding based on costs incurred) and there remains an opportunity for the SG to redress the NRAC imbalance created by continuing to apply the principle of resource allocation based on need, particularly to Access resources where these are additionally available in 21/22.

1.5 Negotiations are continuing with SG colleagues to ensure that appropriate funding streams recognise the unique imbalance in funding impacting on NHS Lothian over several years. However, our ability to recover from the impact of

Covid and the legacy of our NRAC driven care deficit will place a greater burden on our services to achieve national performance targets in the future.

1.6 **MSP/MPs** - As part of our regular and ongoing engagement with MSPs and MPs a further meeting was held on 11 June 2021. Updates were provided on Public Health, Vaccinations, Performance, Strategic Plan Development and Capital Projects

1.7 **Capacity Shortfall** - Every other Monday the RIE Executive Steering Group meet to look at Consort Contract Compliance. In the intervening week, a Short Life Working Group with the Scottish Government meets to look at and progress issues like the Regional Cancer Centre, Eye Pavilion, Surge Capacity and the Elective Centre Workforce.

2. Deputy Chief Executive

2.1 **Princess Alexandra Eye Pavilion (PAEP):** There has been strong engagement with external and internal stakeholders on this priority NHS Lothian capital ambition in the past few weeks. This period has seen significant change to the status on this important programme of work. Members will be aware that, as previously advised, we completed the additional programme of review focused on Ophthalmology services and will have read the recently circulated outcome report from this work. Further to emerging signals from Scottish Government in the past 6 weeks, we formally submitted this report and re-affirmed NHS Lothian's preferred option which was to develop a new Ophthalmology Centre in Edinburgh. Recent feedback from Scottish Government colleagues indicates this report and position were well received and we've been advised that we are likely to receive a formal response to our OBC in the coming weeks.

2.2 **Cancer Centre:** Service transformation is currently underway and includes wider collaborative work across the region. In addition, there is ongoing dialogue with Scottish Government regarding funding opportunities and election commitments. A programme plan with timelines and key milestones in still to be confirmed, however infrastructure enabling works continue on site to minimise delay (e.g. energy infrastructure).

2.3 **Short Stay Elective Centre (SSEC):** By the end of June 2021 we aim to have completed a rapid review of the proposed clinical model to re-confirm specialties within scope and the proportion per specialty required. In addition, work is ongoing for the SSEC Workforce Planning, with considerations being made for sustainable recovery solutions prior to the SSEC commencing. There is ongoing dialogue with Scottish Government regarding funding opportunities and accelerated timelines. Upcoming milestones include; the identification of new a Clinical Lead, engagement with Health Facilities Scotland/ NHS Assure and the remobilisation of stakeholder groups including public/patient collaborative group to allow completion of impact assessment of new design.

2.4 **Corporate Office Reconfiguration & Homeworking Guidance:** As you will be aware, the majority of Waverley Gate and Comely Bank Staff continue to work from home in line with Scottish Governments Covid-19 Strategic Framework. The working group had been preparing for a Level 0 position at the end of June 2021 which would see working from home remain as the default position but allow a phased and limited return (under restrictions) of office staff. An Office Working Guidance Pack, to compliment the Home Working Guidance document, is near completion and considerations include; ventilation, cleaning requirements, physical distancing, mask wearing, equipment, wellbeing support, contact tracing, flow of movement and building capacity monitoring. A further staff survey has also been conducted in May with this staff group to identify any outstanding 'blockers' to working from home in the longer term and identify the requirements of the office in both the short and longer term for both staff wellbeing and service efficiency. The principles derived from this work will inform the pan Lothian approach to ensuring provision of safe working environments, both from home and in a corporate office and this programme of work is due to commence Summer 2021. The next steps and timeline will be influenced by the Scottish Governments Strategic Framework which NHS Lothian is committed to adhering to.

3. Executive Director of Nursing, Midwifery, & AHPs

3.1 Through the Care Home Oversight Group we have produced our first Annual Review of the work done since May 20. This report was taken to the Healthcare Governance Committee but will also be discussed at the June Board meeting.

3.2 I continue to Chair the COVID Vaccination Programme Board and will do until there is an agreed vaccination programme board, of which the COVID vaccination will be one element. The new DPH and the four Chief Officers of the IJB's and I are reviewing this and will bring this back to the Board in due course. In the meantime there is a paper on the Board agenda providing an update on the COVID Vaccination Programme to date.

3.3 We have had considerable success in recent months in recruiting to band 2 and 5 posts across the whole system. We have also developed a new programme entitled 'Skill Boost' which is aimed at students from both Edinburgh and West Lothian College's. each student will get a three-week placement with a detailed training programme attached and at the end of the training they can apply for a band 2 post. This has opened a new workforce pipeline for us. At the same time we are continuing to develop the band 4 'associate practitioner' role. We are doing this in collaboration with Edinburgh College.

3.4 Michelle Jack has been appointed to the post of Associate Nurse Director for the RIE and Carolyn Meldrum to the Associate Nurse Director post for Out-Patients/Flow Centre.

4. Medical Director

- I have been involved with national working groups in support of remobilisation and recovery
- I have participated in discussion for a with the GMC at a Scotland level , with a particular focus on equality, diversity and inclusivity which is a particular area of focus for all professional groups in this setting
- I have completed my term of office as Co-Chair of Scottish Association of Medical Directors
- We have circulated the completed evaluation report of the Lothian and Armed Forces Veterans Project, which has been a three-year project across a range of stakeholders in support of the covenant . A copy of the report is available on request
- HEPMA has completed its roll out at Western General Hospital

5. Director of Finance

5.1 The last couple of months have been exceptionally busy within the Finance department as the year end and annual accounts process has been concluded. The approach taking to managing funding flows across Scotland to address the impact of the pandemic, and the fact that much of that funding is still required in 21/22 has prolonged the process of finalising the year end position and continues to do so. Senior finance teams across the system have worked collaboratively to address issues with good networks established. Given the continuing challenges ahead this serves the finance community well.

5.2 Within Lothian we have now established a Finance Oversight Board to bring together the multiple strands of work required to develop a longer-term financial plan in support of the development of the Board's organisational strategy. This will include consideration of the efficiency opportunities associated with both core business as well as those that can be delivered through the strategic plans being developed by through Programme Boards. It will also include a review of the step up in the Boards cost base associated with Covid.

5.3 Agreement was reached on the proposed organisational arrangements with Partnership for the establishment of a PPP contract management structure within Finance and we will now progress that rapidly. Interim arrangements are already in place supporting the enhanced monitoring at the RIE and ensuring that the operational arrangements work smoothly in the RHCYP/DCN. We have also commissioned a review of all the older PPP contracts as we approach the end of their term. This will be reported through the F&R Committee.

5.4 Finally there has been a significant step up in the work associated with the Public Inquiry and we have secured the support of a Project manager to ensure we have a robust process in place to manage the different workstreams. Good progress has been made on procuring a document management system and developing packages of information for the Inquiry supported by narratives.

6. Director of Human Resources and Organisational Development

6.1 **Staff Wellbeing Strategy**: At its meeting in May the Staff Governance Committee approved the new 3-year staff wellbeing strategy (SWS) 'Work Well – building a healthier and happier culture for our staff'. The strategy was developed in partnership with Kamwell an award-winning health and wellbeing company and the Edinburgh and Lothians Health Foundation (ELHF). The SWS sets out a strategic approach to staff wellbeing, to frame wellbeing through a socia-ecological lens (individual, team and organisation) and to facilitate the laying of a road map for staff wellbeing activity. The success of this will require commitment and investment at corporate, senior leadership and local service level to ensure that this work is prioritised and seen as an enabler to performance. We are working with ELHF to develop and build a financial investment plan to support implementation. Some early investment work is well underway in relation to a 'Work Well' Specialist Lead post to support implementation of the strategy, funding to support the establishment of a peer support service and funding for permanent staff wellbeing spaces. A communications plan to support the launch of the strategy is also in-progress.

6.2 **Peer Support Service**: On 1st June we launched our Staff Peer Support Service. We know that healthcare workers prefer to reach out for support from their peers after stressful or adverse events at work , or indeed if their personal stressors are impacting on them at work. Our peer supporters are trained to listen to their peer's feelings and concerns in a way that provides immediate short-term support . They aim to enable colleagues to clarify thoughts and feelings, gain perspective, identify options and feel calmer. We currently have 108 trained peer supporters with further training planned for later this year to enable us to expand the network. We have been invited to speak at the NHS Scotland Event to share our approach to peer support.

6.3 **Board Interim Workforce Plan**: In early March Scottish Government issued guidance requesting Health Boards and IJB's to submit 12-month Interim Workforce Plans by 30th April 2021. We submitted a draft Interim Workforce Plan based on our extant 3-year plan and key commitments in our remobilisation plans. The draft plan was subsequently approved by the Staff Governance Committee at its meeting in May.

7. Director of Public Health and Health Policy

7.1 **COVID-19 overview:**

At the time of writing Lothian COVID-19 cases are increasing following the relaxation of COVID-19 protective restrictions. As of the latest reliable data (05/06/21) there were 171 confirmed cases in Lothian each day (presently the 7-day average rate is 132 cases per 100,000). This is consistent with the trends being seen in other Health Board areas with sizable populations. In Lothian the highest rates are presently in City of Edinburgh (163 per 100,000) and Midlothian (133 per 100,000) although cases are increasing across all four local authorities (West Lothian = 81 per 100,000; East Lothian = 65 per 100,000). Most of these cases are occurring in younger members of the

population. Notably, case numbers remain relatively low in older age groups where vaccine coverage is high. Hospitalisations with COVID-19 remain rare at present with 13 patients in Lothian hospitals with COVID, 3 of whom are in ICU.

7.2 The majority of Lothian cases are now positive for the proxy measure of the newer Delta variant (believed to be more transmissible than the previously dominant Alpha variant). As in other areas of Scotland, Lothian is also seeing occasional cases of other variants of concern (e.g. Beta – formerly 'South Africa' and Gamma formerly 'Brazil).

7.3 **Lothian Community Asymptomatic Testing**:
There is now a wide network of COVID-19 community testing across Lothian provided by national partners and Lothian local authorities. This is complemented by the national Universal Testing offer which allows the public to order testing kits online or by telephone. Partners coordinate regular reviews of available intelligence to direct community testing towards areas of highest need.

7.4 **Health Protection response:**
In line with increasing cases, clusters and outbreaks have been increasing. With the majority of cases occurring in the younger (less vaccinated) population, clusters and outbreaks have been numerous in education settings with significant numbers of cases being detected in schools and nurseries and in various workplace and hospitality settings (as population restrictions have been relaxed). Sporadic cases have occurred in care homes with occasional staff cases although these have not translated into any significant spread within these settings.

7.5 **Test and Protect Contact Tracing:**
Significant increases in cases in Lothian and Scotland have meant contact tracing services have adapted approaches to respond to demand (e.g. reverting to sending text messages to contacts rather than interviewing them in person). Lothian continues to perform well on Scottish Government contact tracing metrics with 92% of cases being communicated with within 24 hours and 99% of cases being closed within 72 hours of notification.

7.6 **UNICEF Baby Friendly Accreditation:**
UNICEF Baby Friendly Accreditation is recognised by the Scottish Government and a nationally recognised mark of quality care for babies and mothers. The NHS Lothian Health Visiting and Family Nurse Partnership Services were visited by UNICEF on the 18th and 19th May 2021 for our re-assessment of our full accreditation status for Building on Good Practice Baby Friendly Initiative.

7.7 This accreditation was achieved in 2018 and remains valid for 2 years. The pandemic has delayed processes and our agreed re-assessment went ahead over Teams. UNICEF assess progress by measuring the skills and knowledge

of health professionals and interviewing mothers to hear about their experience of care. 26 staff and 6 managers were interviewed by the assessors. 40 mothers who had used services recently were also interviewed.

7.8 The initial feedback session with the UNICEF assessors, provided an initial report which clearly demonstrated the hard work that is on-going to support women and their babies in their relationship building and feeding choices. There was recognition that excellent results achieved were testament to this – especially in the difficult times and situations that COVID has caused in our services. 25 of the 32 areas assessed received a score of 90 or over and 100% of woman reported that staff were kind and considerate.

7.9 These results are now with the external Designation Committee where they consider them for consistency. We expect to have the final report soon and hope to make these results known throughout the services and to celebrate them with staff and families.

8. Chief Officer Acute Services

8.1 **Scheduled Care –** Focus remains on managing the most urgent patients using a clinical prioritisation process for out-patients, diagnostics and treatments. We have seen a return to pre-Covid levels of demand for urgent suspicion of cancer and urgent referrals since September 2020, but most recently routine demand has also returned to pre-Covid levels whilst capacity remains constrained due to 2 metre distancing and increased turnaround times and enhanced cleaning.

8.2 Theatres have been remobilised and are currently operating at 88% of pre-Covid levels with workforce a significant constraint to further mobilisation. Out-Patient clinics have remobilised to 73% of their pre-Covid levels but activity is at 83% due to a combination of face to face, telephone and near me consultations.

8.3 An out-patient modernisation programme is underway to ensure processes and systems are in place to support mixed clinic templates, patient initiated follow up and Active clinical triage and advice only.

8.4 A detailed programme of work at a specialty level is underway looking at demand and capacity, improvement actions and trajectory development until end of March 22 in first instance.

8.5 **Cancer -** Availability of the additional temporary surgical robot at SPiRE has been extended to March 2022, to continue to support prostatectomy procedures and release theatre capacity at the Western General Hospital for additional bladder cancer surgery. From 25th January to 4th June 2021, 84 Robotic Assisted Radical Prostatectomy (RARP) procedures have been undertaken and as a result, surgical waiting times for prostate and bladder cancer patients have significantly reduced (from 16 weeks to 9 weeks for RARP, and from 9 weeks to 4 weeks for Trans-Urethral Resection of Bladder Tumour). Work is continuing to improve the Urology patient pathway and 62-day cancer

performance. Quality Improvement Projects are underway exploring opportunities to streamline Urgent Suspicion of Cancer patient progress through radiology and pathology diagnostic pathways, which have potential to impact all tumour group pathways.

8.6 Two workshops have been held to map pathways and implement actions for radiology and pathology to reduce any avoidable waits

8.7 **Unscheduled Care – unscheduled** care flow remains challenging, particularly at RIE. Levels of attendances of patients referred by primary care or the ambulance service have returned to pre-Covid levels. Occupancy of our sites remain high challenging patient flow. Significant rise in orthopaedic trauma has also added to pressures on RIE site.

8.8 The Redesign of Urgent Care programme continues both across Lothian and nationally, and work is underway with NHS24 to improve the new route via 111 for the public to access scheduled same day care. Since 1 December 2020 the Lothian Flow Centre has been operating 24/7, managing this new urgent care referral pathway from NHS24, alongside managing the existing administrative function of the GP Out of Hours LUCS service, the Covid Triage Hub, and GP referrals to acute sites. The focus of the next phase of the Redesign of Urgent Care programme is improving professional (GP, SAS clinicians etc.), referral into same day community and secondary care services, that will provide care closer to home and reduce hospital attendances and admissions. Plans are being developed with SAS to open access to referral pathways to SAS clinicians via the Lothian Flow Centre.

8.9 **Laboratories** - Work and run-rates for laboratory testing at the RIE and Hub sites remain steady at an average of 1,500 tests per day. The 'node' system of testing partner laboratories has now been stood down, since the Regional Hub at Lauriston went live. Recruitment to RIE laboratories to provide sustainable staffing over winter was completed. Planning for winter 2021/22 has started.

8.10 The regional 'hub' has been constructed at Lauriston Building – this was a significant project carried out in conjunction with NHS National Services Scotland (NSS) and the Scottish Government. Certification for handover to NHS Lothian was received on 26th Feb 2021. After a period of commissioning and testing the full operation of the laboratory has now commenced with an average testing rate of around 3,500 per day. All care homes in the East region are now tested via the NHS system and expansion to other asymptomatic groups is being rolled out to include adult care, prisons and other pathways.

8.11 NHS Lothian continues to work with Scottish Government and NSS to deliver the next phase of pandemic testing which will focus not only on securing screening capacity, but also now to expand the ability to detect variants through 'whole genome sequencing'. Whole genome sequences will allow mutations to be identified and tracked, and aid in the evidence to check that vaccines are working.

8.12 **Move to Royal Hospital for Children & Young People –** The successful move of all inpatient services from RHSC to RHCYP took place on 23 March 2021, culminating in the full transition of children's and young people's services to the new site at the Little France Campus. An extensive induction and orientation process has also been completed for all staff and we continue to work through the settling in process as we become accustomed to the new building. The initial feedback from families, carers and staff has been incredibly positive, ensuring the quality of the built environment now reflects the quality of care being provided to patients. The work on the decommissioning of the RHSC is nearing completion, with the handover to the new owners planned to take place on 11 June.

8.13 **Appointments -** Fiona Mitchell has also now retired from her post as Director of Women's and Children's Services and Allister Short has now started as the new Director.

8.14 Janice Alexander has been appointed as Director of the Royal Infirmary of Edinburgh.

9. Director of Improvement

9.1 Since the last report the team has continued to focus on performance recovery in a number of NHS Lothian's most challenged services as well as managing the unscheduled care and mental health and learning disability programmes.

9.2 I highlighted that since late February a new Performance Support Oversight Board was established to provide a forum for Senior Board Directors to help address and unblock performance issues, monitor recovery plans, and contribute to the development of the organisation strategy. These have been progressing with a number of services now reporting through the Board, including Orthopaedics, Dermatology, Oral Health Services, CAMHS, Psychological Therapies, RIE ED and Urology.

9.3 I have taken a direct operational leadership role in two of these areas (Dermatology and Oral Health Services) and I have been dedicating time to meet, work with and challenge the clinical and management teams in both services. The aim is to develop sustainable plans and actions for improving the waiting time situation in both services with agreed improvement trajectories.

10. Director of Strategic Planning

10.1 "I have spent the bulk of my time in this period on developing the *Lothian Strategic Development Framework*. This has included further work with teams across Lothian and with the RSA. We have now presented to all four IJBs, either the IJB proper or the relevant Strategic Planning Group, and have established a "buddy group" with 4 non-executive colleagues.

10.2 I continue to work closely with colleagues from across Scotland, including the Scottish Government Health Department, in the development of guidance for both the 4th instalment of our *Remobilisation Plan* and guidance for planning

2022-25. This presents a significant opportunity to influence the approach across Scotland.

10.3 Our team continues to support multiple pan-Lothian projects and programmes. We are supporting the Scheduled Care, Unscheduled Care, and Mental Health Programmes, including a review of the model for the Short-Stay Elective Centre, and integration schemes for our 4 partner IJBs. We continue to have team members seconded to the vaccination programme.

10.4 We are also in the early stages of working with acute and HSCP teams around possible decant options should life-cycle works be required on acute sites."

11. Director of Primary Care Transformation

11.1 David Small retired on 1 June. We thank him for his work in primary care and also his long service across NHS Lothian, and wish him well in his retirement. Jenny Long took up post as Director of Primary Care on 3 June.

11.2 A fuller report will provide for the next meeting

12. Director of Communications, Engagement and Public Affairs

12.1 **COVID – Vaccination and Testing:** The Communications requirements of the vaccination programme continues to be significant. Advance national publicity about moves to begin appointing the next cohort in line typically generates alarm in the existing cohort who are yet to be called. This is an issue experienced by several Boards.

12.2 NHS Lothian has supplied videos in multiple languages for use nationally aimed at encouraging those from minority ethnic communities to come forward for vaccination. We continue to support the delivery team's inclusion plan.

12.3 The team has been producing a great deal of proactive positive media coverage about our vaccination programme to offer balance to the very negative narrative that unfairly surrounds it owing largely to repeated issues with the national booking system. Coverage has included a collaboration with the Edinburgh Evening news to run a proactive series across a week showcasing our vaccinators, celebrating NHS Lothian's major role supporting pioneering Covid research and vaccine development and marking our continued progress and development in the accelerated phase of our delivery programme. We also arranged an STV first-person piece stressing the safety and effectiveness of the vaccine when one of their presenters was vaccinated.

12.4 Activity at the moment is centred on publicising the self-registration portal for 18-29 year olds and promoting the drop-in centres offering first and second doses to the over 40s.

12.5 Given the rise in cases in Edinburgh we are also turning our attention to targeted campaigns to push vaccination and testing in areas where prevalence of the virus is on the rise.

12.6 **Scottish Hospitals Inquiry –** Work is ongoing to submit documents and explanatory narratives to assist the Public Inquiry Team**.** Of note is considerable publicity the team has generated in order to encourage families who may have been affected by the delayed move to come forward. This has taken the form of posters in the RHCYP, a social media campaign promoting a survey, information on NHS Lothian's Children's Services Website, a radio advertising campaign and media releases.

12.7 **Royal Hospital for Children and Young People:** Our bus, outdoor, radio, podcast and newspaper advertising in support of the full opening of the Royal Hospital for Children and Young People came to an end at the beginning of May. Work continues to support ongoing social media advertising. A continued calendar of proactive content in support of Children's Services has been developed.

12.8 **Edinburgh Cancer Centre / WGH Works:** We have been supporting the development of the Western General Site, generating media coverage for the start of LINAC construction project, coordinating design, print and installation of hoardings on LINAC site and other 'Building for the Future' signage around WGH and supporting comms and engagement with the site's neighbours to maintain good relationships during periods of disruption and inconvenience due to the works. We have also been working with partner Boards to make a consistent regional case for the Edinburgh Cancer Centre proposal and have been gathering patient case studies for forthcoming proactive media work on our bladder cancer service and the opening of the new renal Dialysis unit.

12.9 **East of Scotland Type 2 Diabetes Programme:** As regional Comms lead for the East of Scotland I participated in a workshop with the Leith Agency, Scottish Government policy and marketing colleagues as well as practitioners from across the primary and secondary care systems to begin to develop a behaviour change campaign. This work is in its earliest stages.

12.10 **Mental Health:** Wellbeing Lothian website launch, an initiative by the Psychological Therapies team was supported by media coverage , a briefing for GPs to encourage them to share website with patients and well as a paid social media advertising campaign. We continue to promote on social media and further stakeholder engagement planned with third sector

12.11 We are Co-ordinating series of stories to promote services including CAMHS & psychological therapies via media and social media and supporting recruitment campaign for counsellors and psychological therapists through series of blogs and social media.

12.12 **Diversity:** We've been helping our Equalities Network produce a video which aims to aid understanding of NHS Lothian's BME staff experiences of the COVID-19 pandemic. An external webpage has also been created to support awareness raising in relation to diversity and inclusion in NHS Lothian.

12.13 **Recruitment:** We are developing a range of videos to support recruitment across the organisation with an initial focus on those areas where we have large levels of vacancies or where we struggle to recruit to roles. These videos will support a wider range of communications activity across multiple channels all designed to promote NHS Lothian as a good place to work and ultimately boost recruitment levels.

12.14 **Social Media Summary:** April and May have been busy months across our social media channels. We continued to heavily promote content (both our own and Scottish Government resources) regarding vaccinations and COVID. We also ran a series of significant NHS Lothian campaigns that focused on our services and the staff behind them. The included content linked to International Day of the Midwife, International Nurses Day, Dementia Awareness Week, spotlight on our pharmacy teams , and content linked to our Children's Services. We are also promoting our staff networks with a particular current focus on working with our LGBT network this month.

12.15 **MSPs MP Briefing Meeting** – The first regular update meeting of the new parliament was held on June 11. Engagement in vaccination issues remains high and Exec Directors fielded questions on a range of performance issues from across our services.

12.16 **Visit of HRH The Princess Royal Princess Royal:** On 12 June we helped to facilitate a private visit of the Princess Royal and her husband to the Astley Ainslie Hospital site. Princess Anne and her husband attended a concert by the Scottish Fiddle Orchestra , of which she is patron, in a marquee erected in the grounds of the hospital when the scheduled concert was not able to take place at the Usher Hall due to Covid restrictions. A very short visit to the hospital itself was also arranged to allow her to see the work of Occupational Therapists there.

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 **Transformation -** Our transformation programme continues to make good progress following some initial delays throughout 2020 due to Covid-19. The 3 Conversations model is rolling out more widely across our teams and is demonstrating positive impacts in relation to significantly shorter waiting times and a reduction in paid-for, formal services. The strategy underpinning the Bed Base Care project is due to be considered by the EIJB in June 2021. The strategy will set out our long-term vision and model for bed-based services, with an initial focus on intermediate care, HBCCC, specialist rehabilitation beds and care homes.

13.2 Our Community Mobilisation plan was approved by the EIJB in April 2021 and sets out a 3-year plan to better support and enable communities. The project is now focusing on the collaborative development of community anchor organisations and developing the concept of the "20 Minute Neighbourhood".

13.3 Home First remains one of our key strategic priorities and the project is currently redesigning pathways, improving discharge planning and developing an operating model and staffing structure to ensure the approach is embedded into our operational service delivery going forward.

13.4 Work also continues on our Home Based Care transformation and the development of a new, improved contract for care at home services, which will increase capacity and drive improvements in outcomes for individuals. Work is also underway to scope and develop digital transformation options, maximising the use of digital solutions to support both citizens and staff.

13.5 **Roll out of vaccination programme -** The vast majority of people who are housebound or living in a care home have now been offered both doses of the Covid vaccine. Work continues to identify anyone in these group who has not been included via the national systems and vaccination offered. In addition home visits are being offered for people who are experiencing difficulties accessing the mass vaccination centres due to a learning disability, mobility issues or mental health issues. Work is underway to support the gypsy traveller community and those who are experiencing substance misuse to access the vaccination. The Edinburgh Access practice are offering the vaccine to those who find themselves homeless through drop in and out reach clinics.

13.6 The EHSCP established 5 local COVID clinics sited in areas of disadvantage. These have worked well for local people although the limitations of the National Service Now appointment system have prevented their full planned impact being realised. These clinics have also been useful for offering a bespoke service to certain clinical groups which could not use the mass clinics. Planning is already underway for delivery of the flu vaccination programme and any potential Covid booster vaccinations.

14. Director/Chief Officer, East Lothian Integration Joint Board

14.1 **Winter Planning:** The partnership continues to adopt a 'home first' approach and maintains above trajectory performance on reducing delays to discharge. We have further integrated our Home care and Hospital to Home teams to increase flexibility and capacity.

14.2 **Primary Care:** we continue to see pressure in particular in the west of the county and are working closely with practices to increase services available to them. We have had some challenges with one particular area but we are meeting with various stakeholders to hear concerns and continue to improve access to services.

14.3 **Care Homes:** we continue to work closely with our care home and care at home providers to ensure sustainability within the market

14.4 **Social Care Capacity:** Access to social care, particularly care at home for all client groups, i.e. over 65s, people with mental health needs, people with learning disability, people with physical disability/long-term conditions is monitored on a daily basis.

14.5 **Performance Management :** HSCP are in discussion with Matter of Focus team to help us develop an outcomes based framework specific to the needs of East Lothian.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 **Unpaid Carers -** Midlothian HSCP has previously acknowledged that unpaid carers fulfil valuable roles within our communities and economy; a role that statutory services cannot replicate in terms of care provision, or budgetary availability. Unpaid carers are specifically referenced in the overarching strategic aims that the IJB agreed in March 2021.

15.2 The Independent Review of Adult Social Care, recognises carers as '*a cornerstone of social care support'. The report adds (that the) 'contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role'.*

15.3 Carer support services were re-commissioned following a collaborative approach to community consultation and defining the service priorities. The contracts were awarded March 2021.

15.4 Subsequently a letter was received from the Cabinet Secretary announcing additional funding to further support the implementation of the Carers (Scotland) Act 2016 that came into force on the 1st April 2018. .

15.5 In line with the local approach for collaborative decision making, relevant organisations and services will contribute to proposals on additional investment which are expected to include (i) enhancements to the core services recently commissioned, (ii) resource for current gaps that were not prioritised in the re-commissioned contracts and (iii) opportunities for innovation.

15.6 It is anticipated that, in line with current arrangements, the majority of services or programmes funded will be delivered by third sector organisations.

15.7 **Midlothian IJB Strategic Plan 2022-25 -** Work continues to develop the Strategic Plan 2022-25. At the IJB meeting in May 2021 IJB members requested time for meaningful discussion on a small number of topic areas at a time.

15.8 In response to this a series of workshops is being planned to allow IJB and Strategic Planning Group members the opportunity to consider and discuss an early draft of the strategic aims for each section of the plan. IJB and SPG members will be provided with set information on each topic area including proposed developments, budget implications, key changes from the existing plan, challenges, risks and suggested areas for discussion.

15.9 The workshops will take place between late September and mid October 2021. Midlothian HSCP team are fully engaged with LSDF planning, which will

augment and align areas of collaborative focus, relating to local need and subsequent IJB Directions.

15.10 **Third Sector Summit -** Third and independent sector organisations play a vital and valued role in both the planning and delivery of health and social care services in Midlothian. They are key partners and represented on formal governance groups including the IJB and Strategic Planning Group. The Independent Review of Adult Social Care 2021 makes various recommendations relating to the role of third and independent sector organisations in HSCP activities, from commissioning to service delivery. Midlothian has benefited from strong connections and evidence of effective joint work to improve outcomes for local people.

15.11 Third Sector Summits were held pre-pandemic to facilitate a collaborative approach to health and social care opportunities and challenges. They created a space for the third, independent and public sectors to explore and share their knowledge, experience and aspirations with a focus on collaborative working and learning.

15.12 The first Third Sector Forum in over a year took place on 1st June 2021. Over forty people attended with a broad range of organisations represented. The on-line event was hosted jointly by Midlothian Voluntary Action and the HSCP. Short presentations followed by discussion groups covering topics such as service remobilisation planning, supporting the health and wellbeing of the workforce, COVID and inequalities and an invitation for organisations to explore how they can contribute to the IJB Strategic Plan 2022-25.

15.13 **Performance -** Performance around Flow (including health and social delays) continues to be a focus. Significant improvements had been realised over the last few months, as a result of the implementation of an intermediate care Single Point of Access, additional investment to Home First team, and augmentation of Midlothian Flow Hub. The HSCP has been able to open 4 additional beds at Midlothian Community Hospital, with flexibility to step up another 12 pending successful Nurse recruitment. The HSCP is also reviewing is Hospital at Home model, looking to test a Paramedic model if funding supported.

15.14 **Care Homes -** There remain no issues relating to Covid at any Midlothian Care Home at present. One Care Home is requiring additional support for general care issues, and the HSCP teams are working with the provider to meet the relevant requirements. NRS data released nationally, relating to moves out-with legislation during the pandemic, saw none from Midlothian.

15.15 **Vaccination -** Midlothian HSCP operates a COVID vaccination clinic from Midlothian Community Hospital. As of 31st May 2021, combining the data from GP practices and from the TURAS system, there were **54 527** residents in Midlothian who have had their first dose. This includes priority staff groups. This means approximately 73% of all adults in Midlothian have received their 1st dose of the COVID vaccine. **32 956** residents have received both doses of the vaccine or 44% of the population.

15.16 Midlothian HSCP are proactively contacting patients to remind them of their upcoming appointment., to mitigate rising DNA rates. Midlothian is within the 12-15% tolerance of DNAs, with an average DNA rate of 6%. However, this is mainly due to Midlothian Community Hospital administering 2nd dose vaccinations.

16. Director/Chief Officer, West Lothian Integration Joint Board

16.1 **Home First Programme -** The WLHSCP continues to progress its 'Home First' transformational change programme with work having now commenced on three work streams looking at future bed based requirements, intermediate care in both residential and community settings and the community infrastructure needed to move to more community based care and a reduction wherever possible in the presentations at St John's Hospital. The programme is ambitious and colleagues from primary and secondary care are working with others from across community health and social care services to design future models of care and service provision.

16.2 **Health Visiting and UNICEF Accreditation** -The health visiting team from the WLHSCP received notification of local success in securing UNICEF UK Baby Friendly accreditation as part of a wider NHS Lothian programme of work with a strong submission which achieved more than 90% compliance for most indicators.

16.3 **NHS Scotland Conference -** The partnership has been working alongside colleagues from NSS and North Lanarkshire HSCP on a project which aims to improve uptake of health screening in our communities. Work has been undertaken to better understand data, drilling down to present data by post code and council ward to better understand some of the barriers to uptake of the National Screening Programme. The next phase involves implementation of two pilot projects: 'Leveraging Community Touchpoints and Assets' and 'Localisation and Personalisation of Screening'. WLHSCP will lead on the second project. The work done so far has been selected for a poster presentation at the forthcoming NHS Scotland conference.

16.4 **Covid-19 Reflections – One Year On -** Stakeholders from across the partnership working in conjunction with the IJB's Strategic Planning Group have undertaken a second Covid reflections exercise and all strategic commissioning plans have been reviewed in accordance with the findings of this work. The main themes emerging were in relation to:

- Growing evidence of impact on inequality
- Supporting the health and social care workforce – high stress levels with no protected time for recovery and wellbeing highlighted
- Digital and technology – opportunities for new ways of working but also barriers to access feeding further into inequality
- Partnership working – great things possible during the pandemic but energy to continue needs to remain high.

17. The Board is asked to receive the report.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Board Executive Team
Consultation with Professional Committees	None
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Dona Milne	Director of Public Health and Health Policy
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Tracey Gillies	Medical Director	Colin Briggs	Director of Strategic Planning
Susan Goldsmith	Director of Finance	Jenny Long	Director of Primary Care Transformation
Janis Butler	Director of Human Resources and Organisational Development.	Judith Mackay	Director of Communications, Engagement and Public Affairs.
Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP	Judith Proctor	Director/Chief Officer Edinburgh IJB/HSCP
Alison Macdonald	Director/Chief Officer East Lothian IJB/HSCP	Alison White	Director/Chief Officer West Lothian IJB/HSCP

NHS LOTHIAN

Board Meeting
23 June 2021

Deputy Chief Executive

NHS LOTHIAN BOARD PERFORMANCE PAPER

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

1.2 The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Planning, Performance and Development Committee (PPDC) which will report into the NHS Lothian Board. These metrics will be aligned with the NHS Lothian Board priorities:

- improving the health of the population,
- improving the quality of healthcare,
- achieving value and sustainability and,
- improving staff experience.

1.3 This categorisation of key metrics aligned to our board priorities will facilitate a greater visible connection to their performance. Local intelligence is gathered through quarterly performance reviews, existing committee structures and additional context sought from service areas, offering a robust and expansive set of indicators for review at PPDC. PPDC will also receive more detailed reports on issues or areas of strategic priority which have been escalated from subcommittees or via the performance review cycle. This reporting link to the Board will offer the opportunity for separate papers to be introduced to the board on specific escalated issues discussed by the PPDC.

1.4 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.

2.2 The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.

2.3 The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.

2.4 If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

3 Discussion of Key Issues

3.1 Where there are significant performance issues of key services, an escalation process to the weekly Executive-led Performance Oversight Group is now in place. This process ensures there is ongoing detailed review of the services and enables the deployment of rapid improvement support to increase performance. The services currently involved in this escalation include; Oral Health Services, Dermatology and 4-Hour Access Standard at the Royal Infirmary of Edinburgh (RIE).

3.2 There is a growing backlog of demand for secondary care and through remobilisation plans we have safely re-started the scheduled care portfolio and diagnostics to tackle the growing waiting times. These demand pressures have also extended to mental health services which also had pre-existing shortfalls in performance before the impact of Covid-19. Although less visible in national data and waiting lists, community and primary care are also likely facing a significant backlog. Whilst Covid-19 remains a risk, our unavoidable enhanced infection control measures will slow the pace at which patients can be treated, having an impact on waiting times, people's outcomes and experiences of care.

3.3 NHS Lothian is currently in its remobilisation phase with a plan produced to cover the first six months of financial year 2021/22. The fast-moving nature of the pandemic is such that there will be an increasing intelligence supporting capacity options as well as further understanding of demand curves post pandemic. Further plans will evolve from this covering the second half of 21/22.

3.4 We previously monitored performance through waiting list focused targets, although given our current position in remobilisation we are not yet clear how large the backlogs will be in terms of demand vs capacity and instead are tracking activity levels until September 2021. From this half way point in the financial year it may be appropriate to migrate to monthly position targets. The board will be updated on emerging thinking as this approaches.

3.5 The table below outlines the key performance metrics for the attention of the board:

Metric		**Target**	**April 2021 position**	**March 2021 position**	**2020/21 monthly average**	**2019/20 monthly average**	**2018/19 monthly average**
4 Hour ED Target[1]		95%	**85.2%**	84.8%	89.5%	88%	88%
Outpatients (end of month breaches)[2]	➢ 12 weeks	-	36,465	36,466	37,123	22,414	20,777
	➢ 52 weeks		10,412	11,524	5,142	923	567
Delayed Discharges[3]	Health and social care / patient and family reasons	92	121	132	111	217.7	303.4
	All census delays (above plus complex code 9s)	121	157	163	131	247.2	331.4
TTG (end of month breaches)[4]	➢ 12 weeks	-	9,445	9,131	9,098	2,795	2,328
	➢ 52 weeks		3,339	3,491	1,290	49	73
Cancer Waiting Times[5]	31 Day Target	95%	98.6%	97.9%	97.6%	94.5%	94.3%
	62 Day Target		86.2%	82.8%	85.8%	79.2%	81.0%
CAMHS < 18 weeks target (seen within 18 weeks)[6]		90%	51.8%	57.1%	61.3%	54.0%	63.0%
Psychological Therapies < 18 weeks target (seen within 18 weeks)[7]		90%	78.1%	79.2%	79.7%	79.2%	72.3%
Mental health & learning disability bed occupancy[8]		85-90%	94.9%	93.3%	92.5%	92.6%	-
HAI's per 100,000 bed days[9]	CDI	<11.8	10.7	14.0	13.1	12.0	12.6
	ECB	<29.6	32.2	33.7	31.2	35.2	35.5
	SAB	<12.6	16.1	12.9	14.0	12.6	13.5

[1] Data sourced from Lothian internal management system
[2] Data sourced from Lothian WT Monthly dashboard data
[3] Data sourced from PHS official statistics. *Targets are reportable census delays as projected for the 20/21 System Transformation Plan (and will be for 21/22 as projected in the 21/22 Remobilisation Plan)
[4] Data sourced from Lothian WT Monthly dashboard data
[5] Data sourced from Discovery
[6] Data sourced from Lothian internal management system
[7] Data sourced from PHS official statistics
[8] Data sourced from Lothian internal management system – average % Occupancy (inc. Pass) based on weekly data time points
[9] These rates represent overall rates for the year rather than monthly average: (sum of healthcare associated infections for the year / sum of total occupied bed days for the year)*100,000. Data sourced from Lothian internal management system.

Metric		**Target**	**April 2021 position**	**March 2021 position**	**2020/21 monthly average**	**2019/20 monthly average**	**2018/19 monthly average**
Paediatrics and St Johns		7 days a week 24x7	**7 days a week 24x7**	7 days a week 24x7	-	-	N/A
8 key diagnostic procedures > 6 weeks target (end of month breaches)[10]	Upper GI endoscopy	-	1,686	1,671	1,805	759	1308
	Lower Endoscopy (other than colonoscopy)		591	614	558	351	680
	Colonoscopy		920	964	1,279	828	1508
	Cystoscopy		871	996	946	375	418
	Magnetic Resonance Imaging (MRI)		484	468	930	342	304
	Computer Tomography (CT)		379	573	521	124	29
	Non-obstetric ultrasound		750	555	1,031	7	10
	Barium Studies		3	5	14	0	0

[10] Data sourced from Lothian DMMI

3.6 The following table provides summary narrative on the performance demonstrated in the metrics above.

Board Performance Metrics

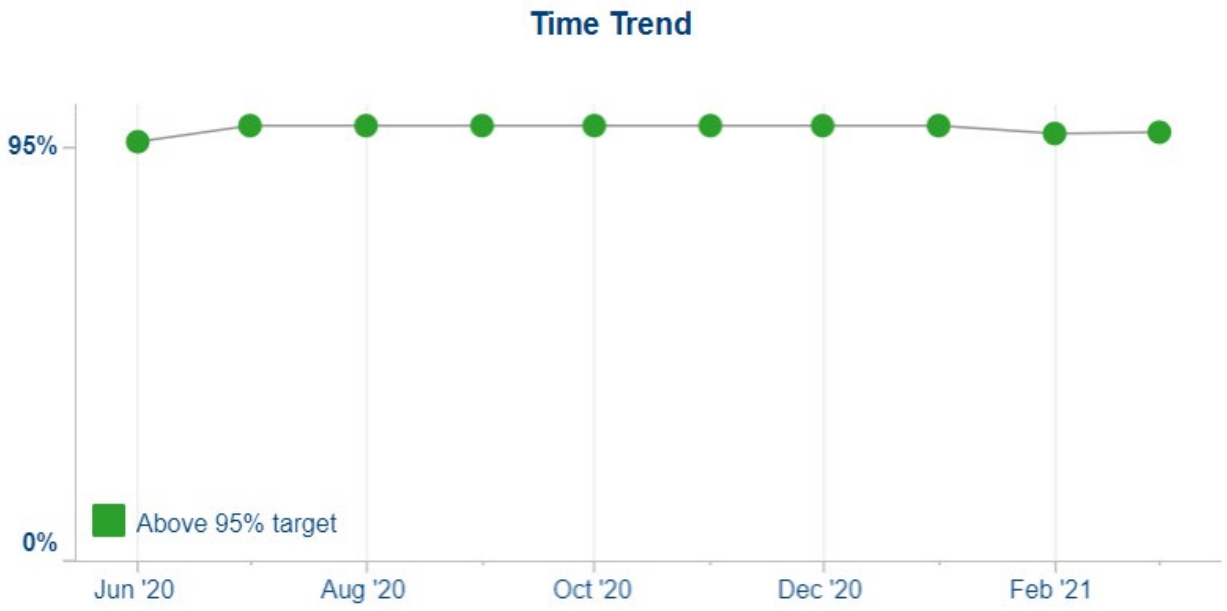
Areas of strong performance

Unscheduled Care

The Emergency Department at the Royal Hospital for Children & Young People continue to reliably deliver the 4-hour Emergency Access Standard following the transfer of services to the new building. St John's Hospital (SJH) Emergency Department has maintained a relatively strong 4-hour Emergency Access Standard performance, although short of the 95% standard.

Cancer

Breast cancer has consistently achieved the 62-day performance target each month since June 2020.

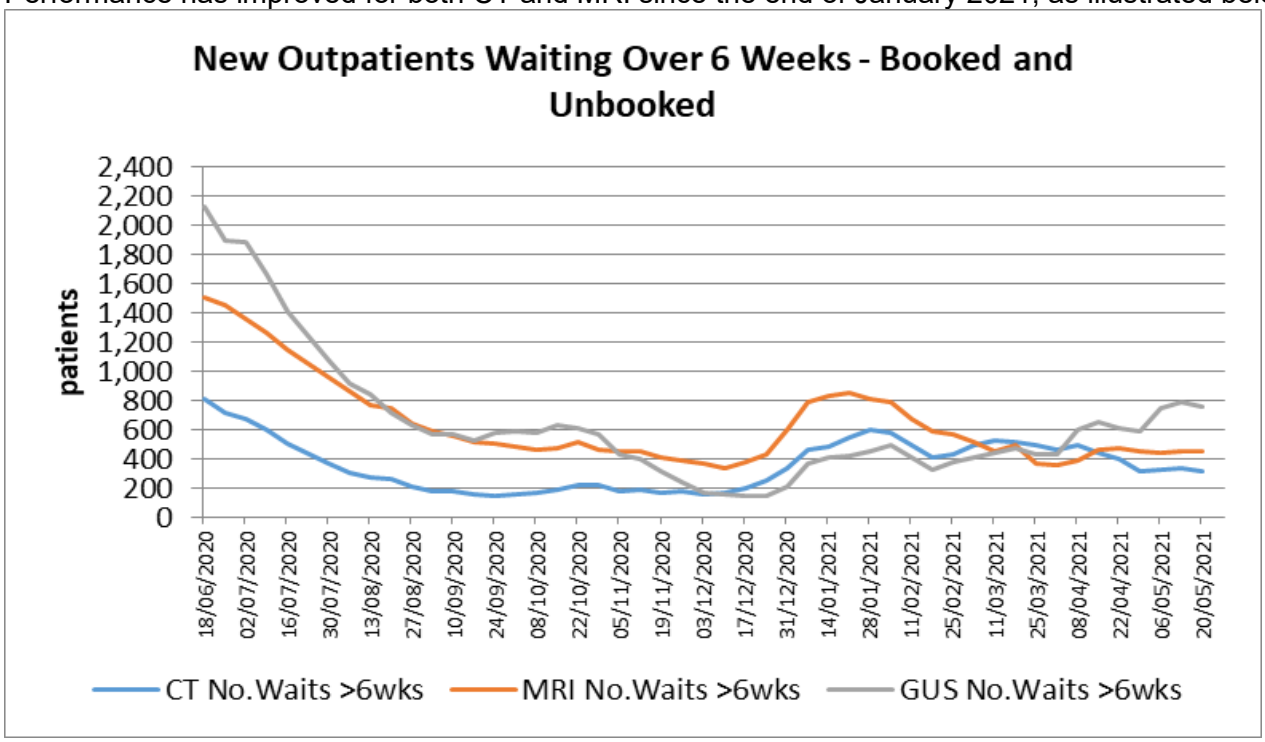


Diagnostics – Radiology

Further to previous update, the rise in demand from November to January reduced in February 2021 but has since risen, following the easing of lockdown. Radiology has been able to sustain current activity levels through the following actions:

- Extra clinics at evenings and weekends across sites;
- Renewing tenders from external commissioning (e.g. GJNH);
- Maintaining core capacity within standard rostered hours.

Performance has improved for both CT and MRI since the end of January 2021, as illustrated below.

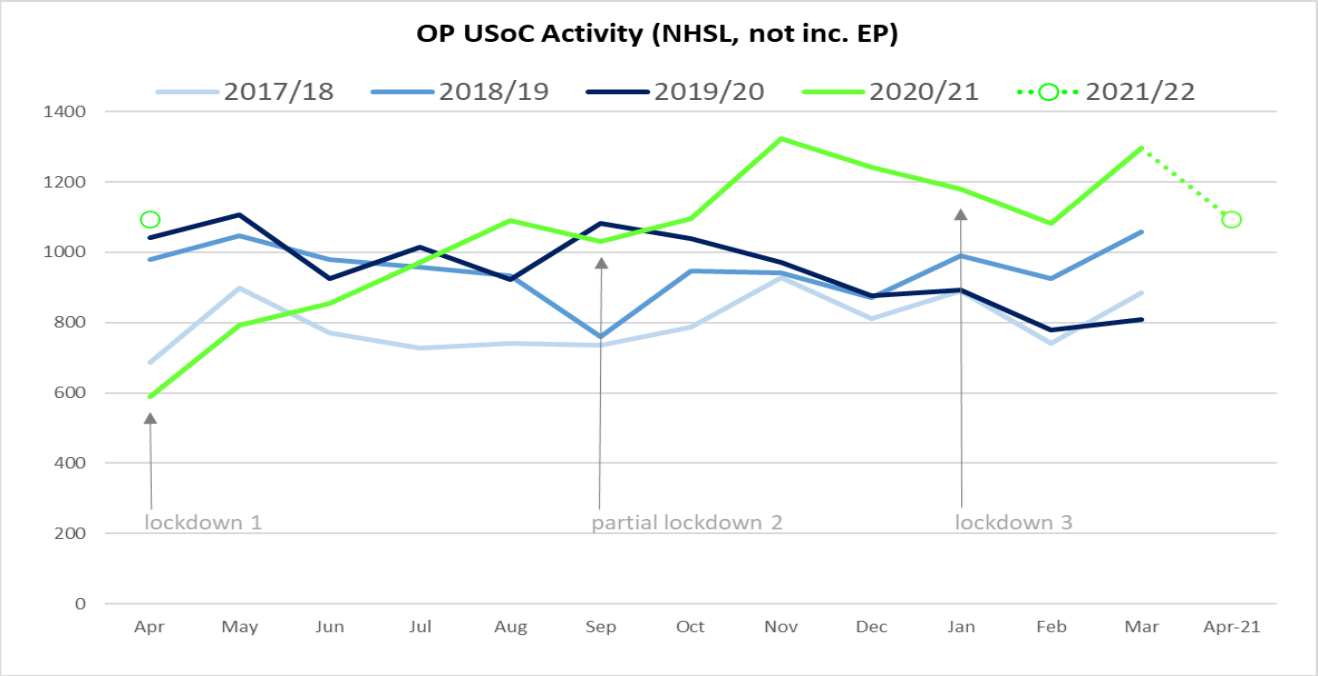


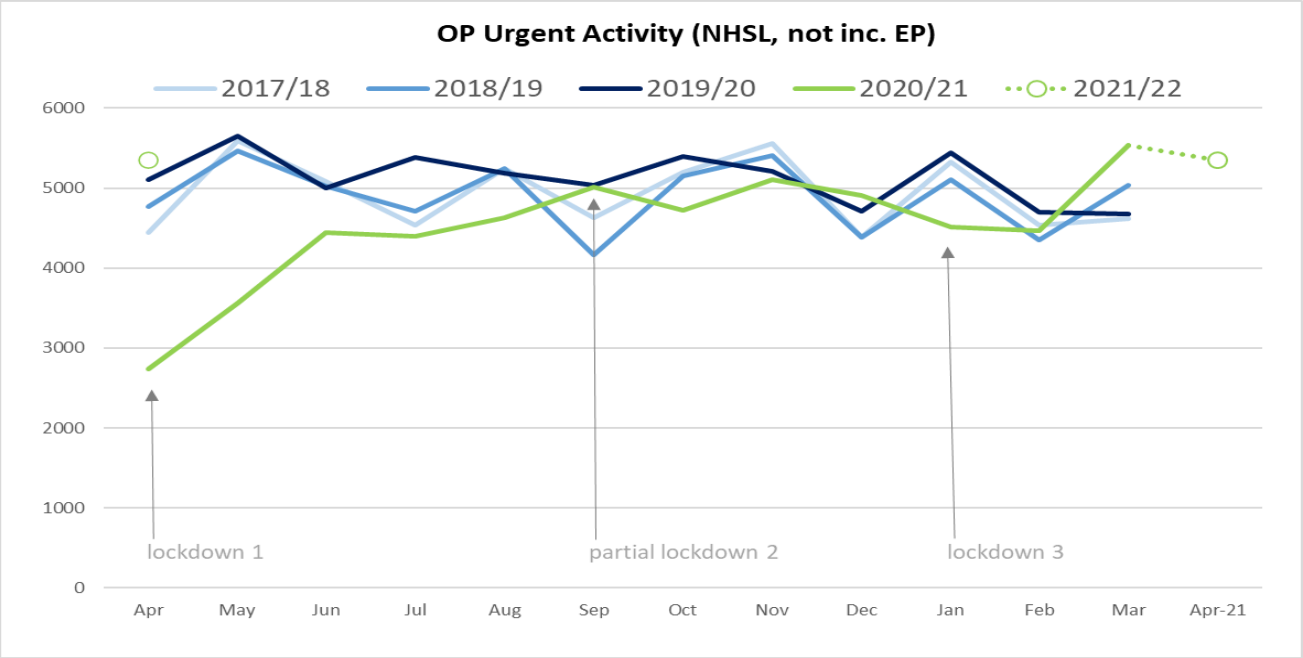
Despite sustaining activity, an impact remains on capacity as a consequence of ensuring Covid compliance including with cleaning regimens, PPE (and subsequent turnaround time), and amended clinical pathways, to achieve clinically safe practice.

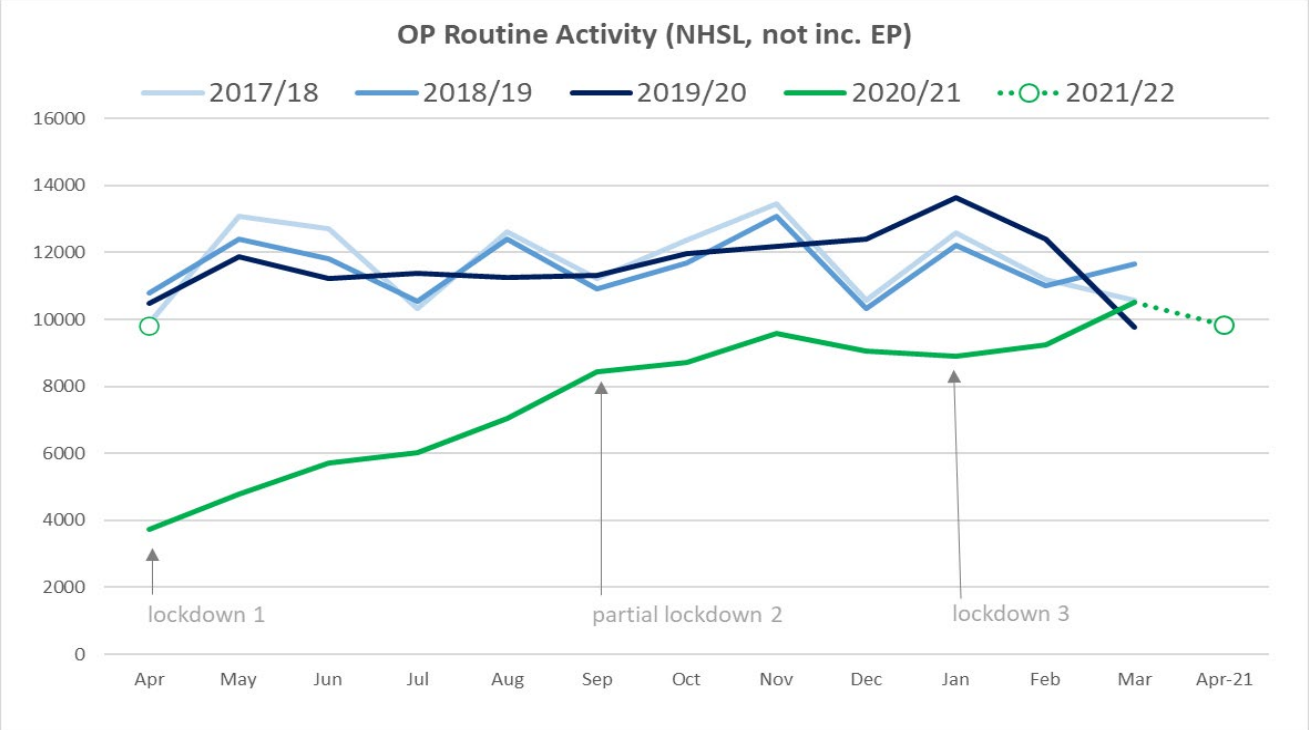
Workforce also remains a significant risk factor for diagnostic radiology performance, including limited availability of bank and agency staff for sonography. Staffing pressures within ultrasound will be mitigated by proactive recruitment of new band 5 graduate radiographers, who will take up post from late May/June onwards. Well-established in-house training initiatives are currently ensuring that NHS Lothian performs as strongly as possible, in the context of a UK-wide shortage of Sonographers. Registrars are also being co-opted to support activity and there is continued willingness of Radiology Department Assistants and clerical staff to facilitate extra evening and weekend lists. In excess of 250 hours of extra CT, MRI & ultrasound sessional time was achieved in March 2021.

Outpatients & TTG

We continue to prioritise capacity to deliver urgent and cancer activity. The charts below demonstrate the ongoing activity for urgent and cancer outpatients alongside the remobilisation of Routine outpatient activity. National data shows NHS Lothian at 83% of pre-Covid activity as an average of the 4 weeks from 18th of April to the 9th of May 2021, 8% higher than the NHS Scotland average (75%). The same time period for TTG patients shows NHS Lothian at 69% of pre-Covid activity with the NHS Scotland average being 68%.







As mentioned previously a clinical review to re-prioritise referrals was launched in January 2021. This is an on-going process and since the last update a dashboard has been developed to show patients who have been upgraded and their new waiting time since an upgrade.

In the previous update, it was noted there has been a marked reduction in the number of Outpatients waiting over 104 weeks and that the next focus would be on the number waiting over 78 weeks. There has been a marked decrease in over 78 week waits in Adult Ear, Nose, Throat (ENT) and Ophthalmology since this began. In addition, to reduce General Surgery TTG long waits, the consultants commenced clinical reviews of the longest waiting patients via a telephone consultation three weeks ago to determine the patient' s clinical status. This still in progress and will be reported in next paper once complete.

Strategic Transformation

In the previous report, it was mentioned that five priority outpatient redesign projects have been identified to be taken forward. Recruitment is ongoing to new project posts to enhance the roll out of the Outpatient Redesign Programme. The current plan is for four specialities a month to undergo redesign which is in progress, stepping up to six specialities a month in July once remaining project staff have been recruited.

Sleep Medicine

This service activity stopped due to Covid-19 in March 2020. Whilst referral activity also temporarily stopped there were approximately 1,400 existing patients on the Sleep Medicine Outpatient Waiting List, the majority of whom were already significantly in breach of the patient waiting time guarantee.

In May 2020 an evaluation of referral to treatment times for patients was performed which concluded that patients were required to wait between 36 to 98 weeks from referral to treatment initiation. These findings strengthened the argument for re-designing the referral to treatment pathway for Sleep Medicine and implementing long-term improvement standards for the service.

In June 2020 a proposal was submitted and approved recommending that patients with a diagnosis of Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS) or Sleep Disordered Breathing (SDB) were treated with Autoset Positive Airway Pressure (APAP) as an alternative to Continuous Positive Airway Pressure (CPAP) with remote monitoring.

The associated benefits of providing APAP include:-

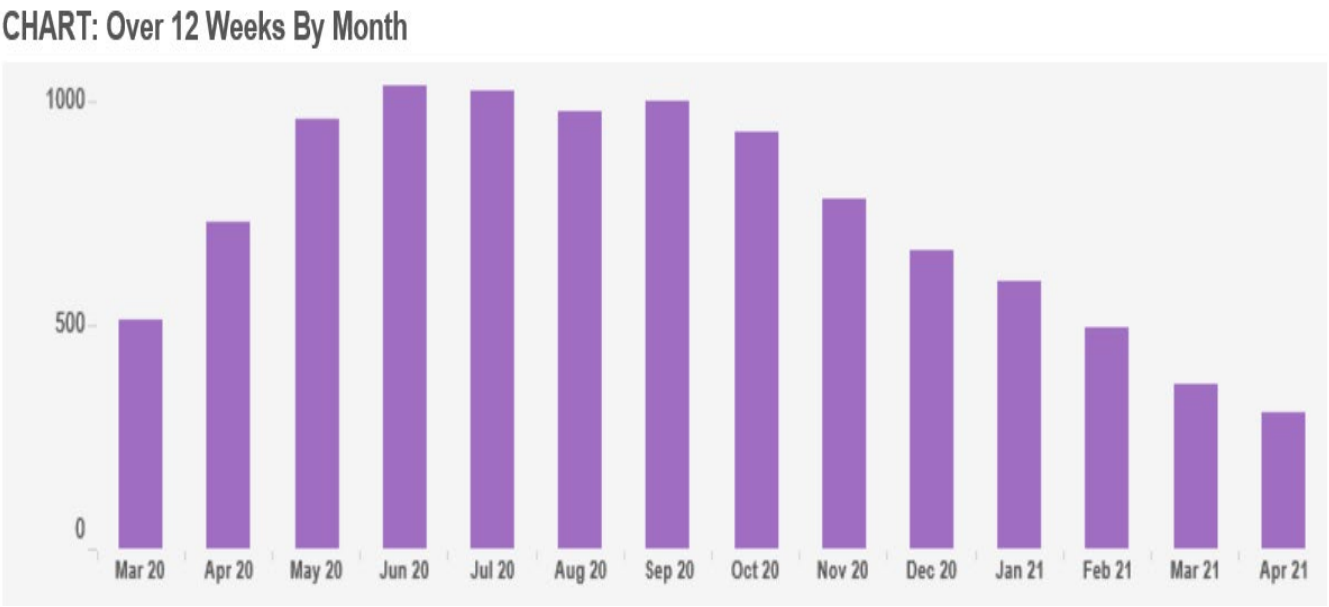
- improving symptoms;
- reducing unnecessary variation in patient outcomes by structuring equipment supply and providing access to combined therapy;
- reducing Outpatient face to face appointments (6 to 1 per patient), creating capacity and reducing waiting times (potential maximal in the region of 680 per month/8160 per year);
- supporting alternative telephone and Near Me appointments;
- Overnight admissions are also reduced, bringing down waiting times;
- Improving patient experience/satisfaction by allowing earlier intervention remotely enhances long-term usage and compliance, and promotes earlier discharge from the Sleep Medicine service and increases recovery of devices, allowing re-issue;
- It also contributes to Scottish Government Carbon Footprint Initiatives and extends training/education opportunities for Physiologist and Nursing staff.

Since the successful re-mobilisation of this service on 27th July 2020 and the adoption of a new referral to treatment pathway, 1,048 new patients have been set up for APAP therapy (including a backlog of 600 patients from pre-Covid). This has provided a minimum saving of:

- 5,240 face to face outpatient appointments;
- 378 unnecessary overnight admissions.

876 return patients have also been set up for APAP therapy with a minimum saving of 1,752 face to face outpatient appointments.

The chart below shows the decreasing waiting list size over 12 weeks for sleep in the past year.



Mental Health

Psychological Therapies

Since the last report there continues to be a maintained performance position with the reduction of patients waiting over 18 weeks for psychological therapy in Adult Mental Health Services. For the quarter ending March 2021 within NHS Lothian 81% of patients were seen within 18 weeks, compared with 82% in the previous quarter. Although this is still below the target of 90%, the current national average for patients seen within 18 weeks is 80%. The slight fall in percentage reflects an improved focus on the longest waits.

Areas requiring improvement and mitigating actions

Unscheduled Care

4-Hour Emergency Access Standard

Performance against the 4-hour Emergency Access Standard remains challenging at the RIE and WGH. Improvement actions include time to triage test of changes and the impact of a supernumerary EPIC at RIE ED. Pathways have also been put in place at RIE to fast track GP admissions to AMU to prevent long waits in the ED. Performance at the RIE has now been escalated to the weekly Executive-led Performance Oversight Group. This will now be subject to ongoing detailed review and improvement support to increase performance.

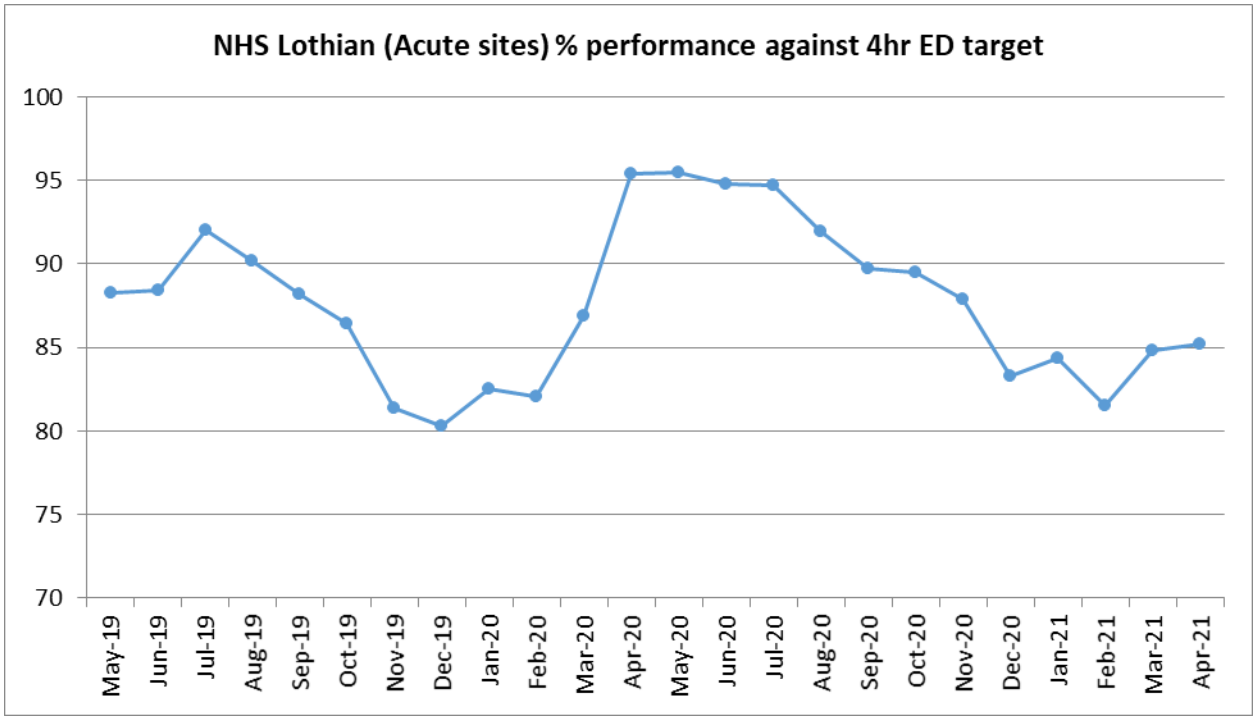
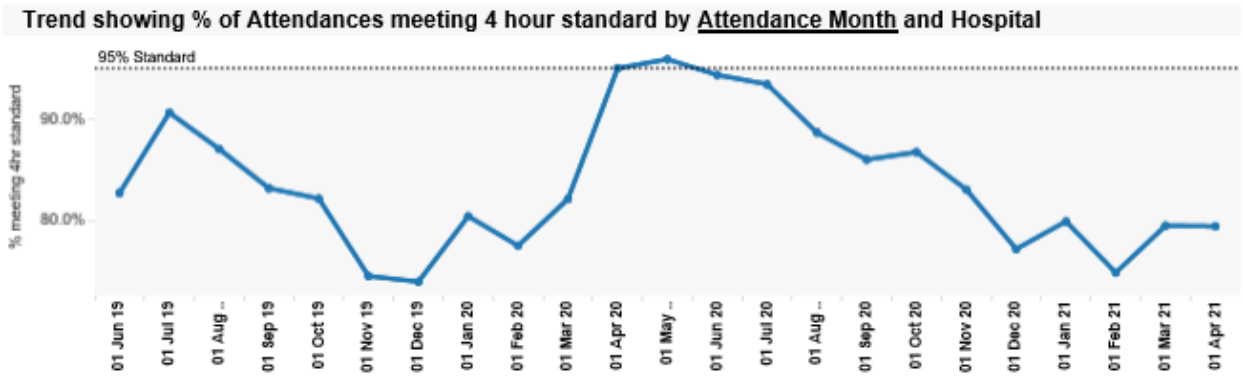
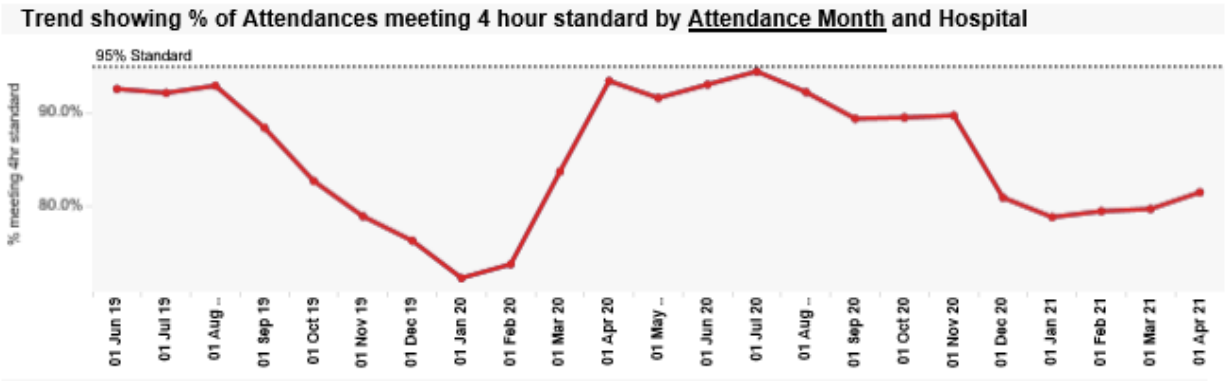


Figure 1: PHS data; NHS Lothian (RIE, WGH, SJH, and RHSC) and Scotland 4-hour emergency access performance

RIE % performance against 4hr ED target



WGH % performance against 4hr ED target



Since the last performance update in March, the latest position on the following areas to support 4-hour performance improvement are as follows:

- *Improving the reliability of front door processes:* SJH Emergency Department continue to sustain reduced time to triage and reduce time to first assessment. This has contributed to their relatively strong 4-hour emergency access standard performance. All sites are updating their unscheduled care improvement plans and reliable front door processes are a key focus of the improvement actions. A time to triage test of change began at RIE Emergency Department on 26 April 2021. A supernumerary EPIC (Emergency Physician In-Charge) test of change has also been in place at RIE ED to assess impact on decision making and flow through the department.
- *Increasing the number of scheduled assessments:* The Scheduled Minor Injury Assessments (MIA) is stable at an average of 30 per day via NHS24. This is also supplemented by the walk-in patients to SJH Emergency Department who are appointed to a MIA slot later in the day – approximately 10-15 patients scheduled per day from unscheduled self-presenters. Activity remains low through the NHS24 pathway, however, the expectation is that under 12s will begin to be referred from 1 June and a national communications campaign will commence over the summer.
- *Increasing alternatives to unscheduled ED attendance:* The first meeting of the Lothian Same Day Emergency Care (SDEC) short life working group took place in April with the aim to determine the model for delivering SDEC for all Lothian residents. This design work is expected to conclude in the summer and progress to the implementation stage. Further implementation timelines are still to be determined. The flow centre have been working with colleagues in Scottish Ambulance Service (SAS) to open current urgent referral pathways for GPs to paramedic advanced practitioners. Tests of change are also in place for SAS crews to access scheduled minor injury assessments for patients who require an X-ray and can make their own way to hospital.

Delayed Discharges

Both internal management data and published census data suggests that Edinburgh HSCP remain consistently over the trajectory (census position was 121 in April, trajectory 45) with an upward trend since the improvement proposals were approved by Gold Command in December 2020. Since March 2021 there has been a notable reduction in reprovisioning/recommissioning although these are not counted in the census delay figures (code 100s). However, the other top four reasons for delay have continued to increase since November 2020, most significantly observed for patients awaiting social support to live in their own home. Occupied bed days have also been increasing since February 2021 at the RIE, REH and WGH, however a slight reduction has been observed since January 2021 at SJH.

Delayed discharges at a system level remain lower than previous years with 157 delayed discharges (all census delays) across our acute sites at the end of April 2021. This is however above our forecasted trajectory of 121 as agreed with the partnerships through remobilisation plans. Please note, Code 100s (i.e. patients undergoing a change in care setting) are not published in the census data and are not included in performance papers. Code 9s have been highlighted in the below graph. Please see appendix 1 for a list of the delay codes considered in this metric.

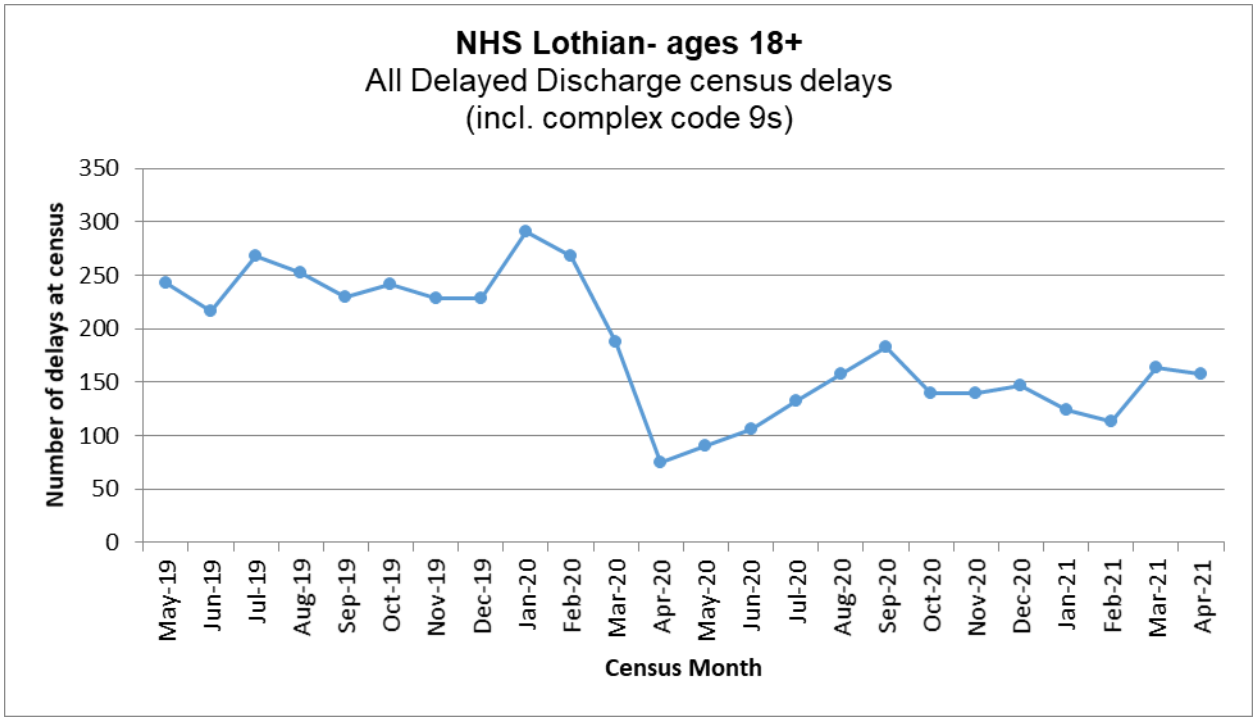


Figure 2: PHS Delayed Discharge Census Publication

In the last performance update, a focus on refreshing the discharge hub model and an emphasis on 'patient not delay' centred meetings was described. This is still in place and the service has identified examples of good practice and areas where improvements or a consistent Lothian-wide approach may be required. These areas of opportunity are currently being scoped ahead of an initial meeting of a pan-Lothian Short Life Working Group in June 2021. This group will review the current processes for patient discharges from the point of admission, ensuring the safe facilitation and effective discharge for patients who experience inpatient care in an acute or community hospital setting within NHS Lothian.

As mentioned previously, a series of HSCP led initiatives are currently underway to focus on specific cohorts of delayed patients in each area. Community capacity is still limited by the workforce available and many of the initiatives involve bolstering existing community teams and services to provide the support and deliver the impact required. NHS Lothian internal management data from May 2021 suggested the key reasons for delays at this time included patient delays related to care required to live in their own home and nursing/residential home.

Cancer

The 62-day cancer performance remained below target in March 2021, however it is above the monthly averages for both 18/19 and 19/20. The 31-day cancer performance was within target (>95%) and above the monthly averages for 18/19 and 19/20. The majority of 62-day breaches and the 31-day breaches occurred in the urology pathway, despite a reduction in urology diagnostic and treatment waits in recent months. To address this, the following actions and plans are in place:

- External capacity for Robot Assisted Prostatectomy commenced at Spire in January 2021 and the contract has been extended to run until 31st March 2022 (previously mid-July 2021). The waiting time and wait list size is reducing as above (from 16 weeks in January 2021 to 9 weeks currently, with waiting list size reduced from peak of 60 in February 2021 to under 30 currently);
- Radiology services are negotiating additional external capacity for MRI via the University of Edinburgh with potential to release internal capacity for more MRI Prostate;
- Oncology clinics are now back to full consultant capacity which is anticipated to lead to a reduction in waiting times.

Ovarian 62-day performance deteriorated on the previous month (66.7% to 50%). This is a low volume cancer therefore low numbers of breaches has significant performance impact. The volume of Rapid Access appointments have been increased to help mitigate any delay in the pathway.

Lung 62-day performance dipped in March (68.8%) compared to February (88.9%) due to waiting times to CT and PET scans. A lung cancer pathway review has been carried out and recommendations include efforts to further reduce time to PET/CT. As a result of increased funding, there is now scanning capacity for 3 extra sessions (to 10), and for up to 45 patients per week in total, which has allowed the service to meet the national target for referral to scan time of 14 days. As a consequence of efforts made, the PET/CT waiting times for all cancer groups has been consistently less than 14 days since the beginning of 2021.

Diagnostics – Radiology

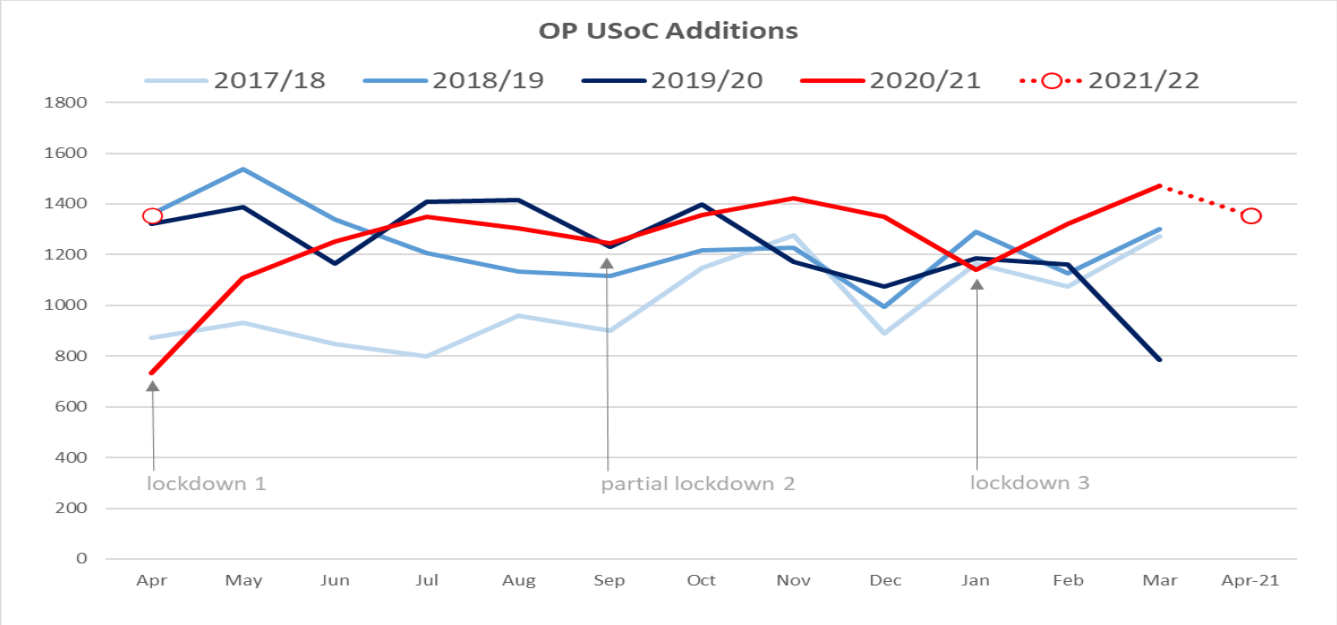
Demand on the service has not yet returned to pre-Covid levels, but it is increasing towards them. As noted above, capacity remains compromised by compliance with Covid safety requirements. Actions to help mitigate the impact:

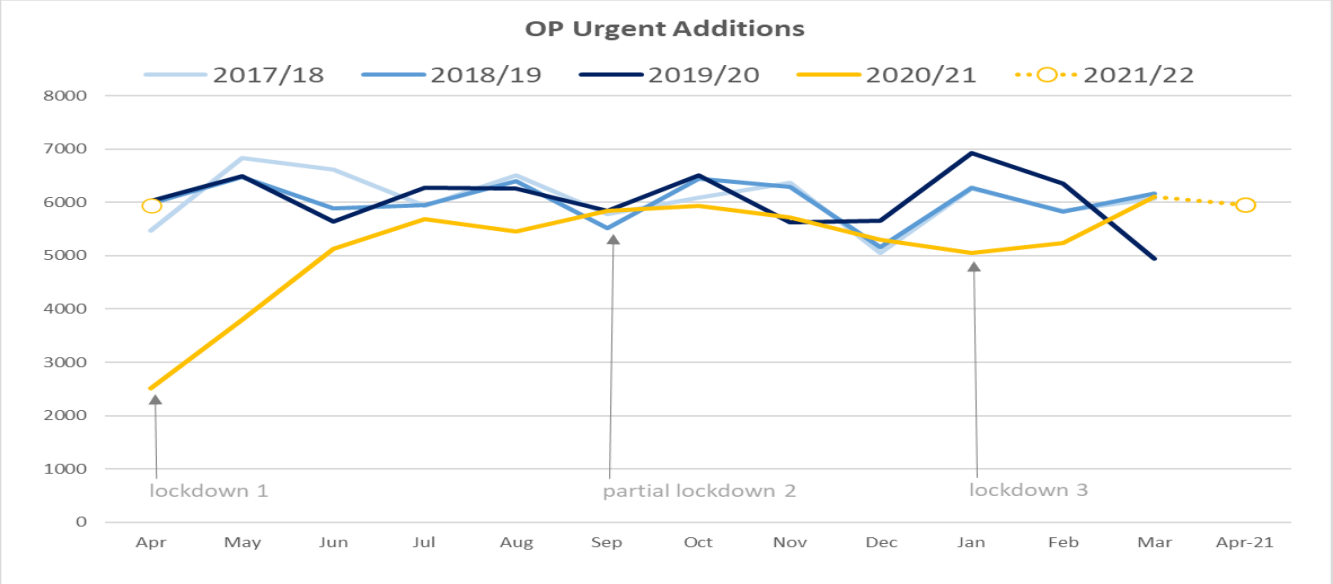
- Continued engagement in the provision of additional capacity from Golden Jubilee National Hospital, with additional capacity sought for Quarters 1 & 2 of 2021/22 [currently 45 MRIs and 15 US per week, with discussions ongoing for CT (scan only)]; as well as ongoing review of capacity and opportunity for additional sessions for US, CT and MRI;
- Increase in-house sessions, 250 hours of extra sessional time was achieved in March 21;
- Demand management by review of referral pathways, with referring services in acute and primary care through well-established routes (e.g. Primary Care Liaison group);
- Addressing structural shortfall of imaging capacity; a funding request is being progressed through NHS Lothian to increase the capacity of CT scanning hardware within the department. A second CT is requested for SJH and a third for RIE main imaging department. An increase in supporting workforce has also been requested to staff new modalities.

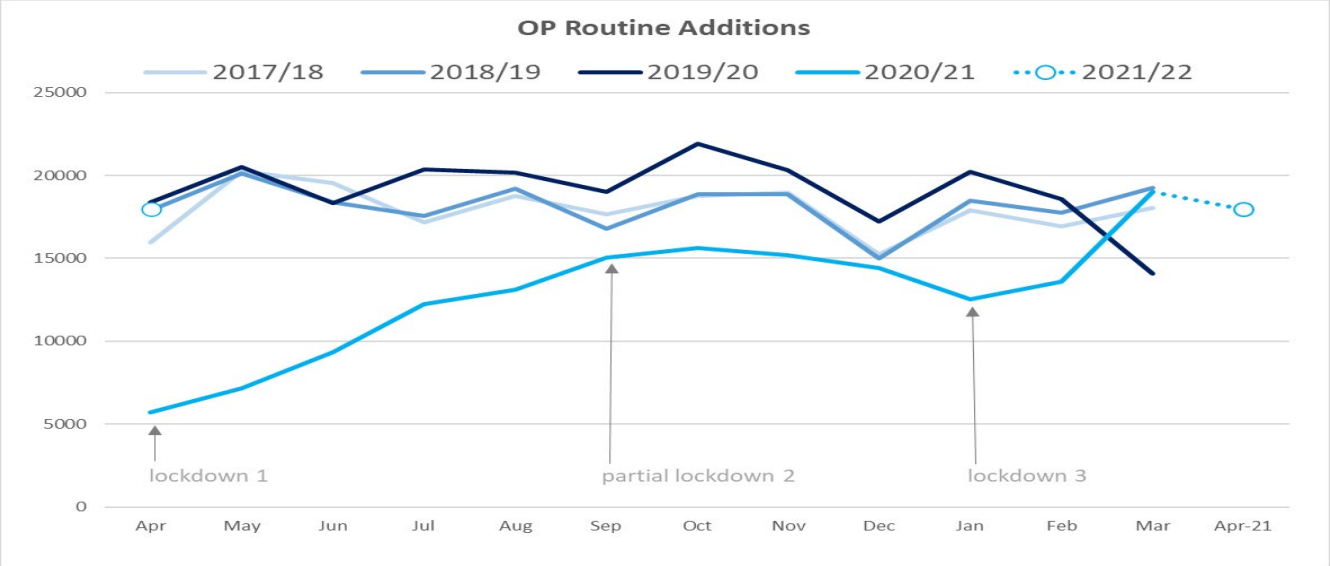
Outpatients & TTG

Routine Outpatient Demand

Whilst urgent and cancer outpatient referrals had returned to near pre-Covid levels since September 2020, Routine demand had remained far lower until recently. In the last four months, there has been an acute increase, returning Routine demand to pre-Covid levels also.







Pent-up demand and easing of lock down restrictions may partly explain this acute increase, however the reason for this is still undetermined. The areas of main concern are specialities where high demand exists for urgent and cancer referrals, but routine referrals are increasing. This concern is heightened whilst 2m physical distancing and infection control measures remain in place, restricting capacity and our ability to see patients in a timely manner.

A 4-week risk assessed approach pilot in Ophthalmology and dermatology outpatient departments has started in conjunction with the Infection Control, team to deliver outpatient clinics at 1 metre social distancing. Evaluation includes increase in out-patient consultations, staff and patient feedback, any IPCT or OH issues. Further updates on the dermatology outpatient service improvement plan will be included in the next iteration as performance of this service has now been escalated to the weekly Executive-led Performance Oversight Group for further review and identification of improvement support.

Oral Health Services (OHS)

Performance of this service has now been escalated to the weekly Executive-led Performance Oversight Group. This will now be subject to ongoing detailed review and improvement support to increase performance following additional leadership provision from the Director of Improvement.
The following actions and plans are in place to support recovery and remobilisation for OHS:

- A number of temporary solutions to improve ventilation in the Edinburgh Dental Institute have supported improved patient throughput and reduce fallow time between Aerosol

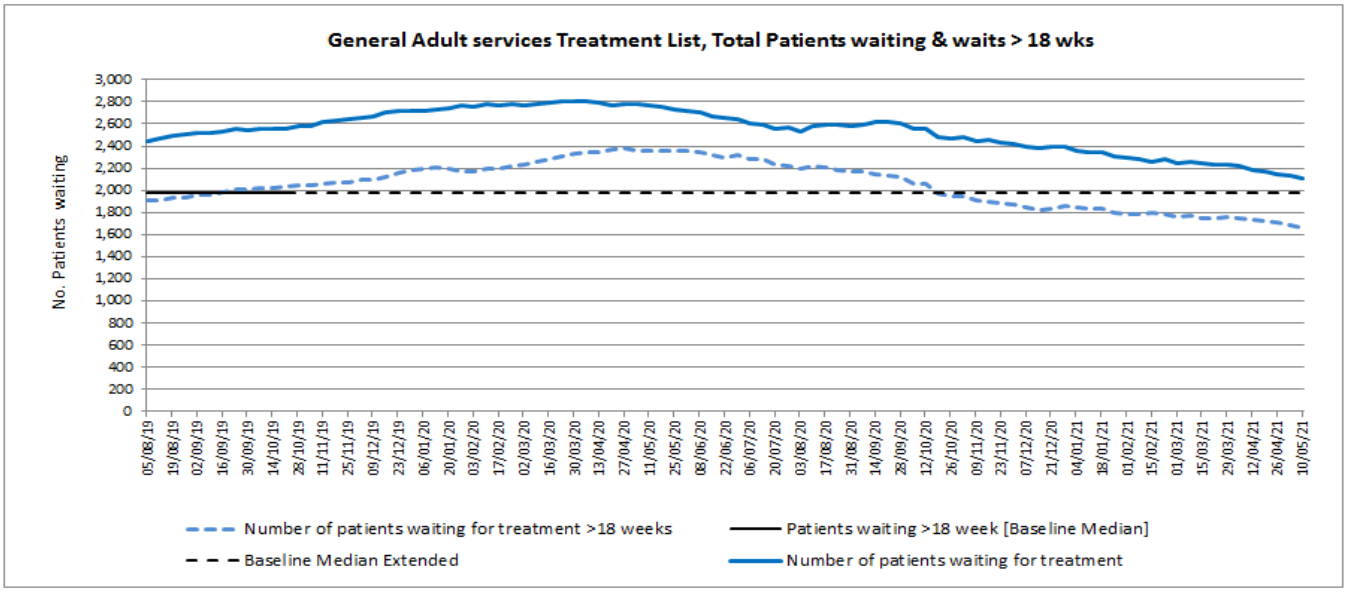
Generating Procedures (AGPs);

- The service has agreed plans with clinical teams in both primary and secondary care to improve new patient capacity. Initially these have focused on pivoting consultant capacity from treatment appointments to new patient assessments;
- Recruitment is underway to fill existing vacancies and the service will recommence waiting list initiatives at the weekend and in the evenings;
- The service has initiated the procurement of a Lateral Oblique Radiology machine for the Pennywell site (will allow additional new patient clinics);
- The service is exploring opportunities for implementing a community based 'intermediate' care oral surgery solution / model for underlying capacity gap. Staff training will be required so this is seen as a medium-term solution;
- Public Health are leading on a longer-term Oral Health needs assessment to ensure our services meet future needs.

Mental Health

Psychological Therapies

General Adult Mental Health outpatient services account for the majority of breaches of the LDP Standard, with 17.6% of patients being seen in April 2021 for 1st treatment within 18 weeks. The numbers waiting over 18 weeks continue to reduce gradually as shown in the graph below. All patients waiting over 52 weeks are being contacted in order of waits to establish treatment availability, with prioritisation being given to those patients with digital poverty or who are at risk for face to face appointments. Unavailability has been applied to 300 patients who have opted by preference to wait for face to face treatment. With those teams who have started Patient Focused Booking, 12 week forward booking of appointments is reducing the number of people waiting, although greater capacity of experienced staff is needed to treat patients who have been categorised at Matrix Level 4, those with the most complex needs.



A cohort of patients have opted by preference for face to face treatment and as a result have extended waiting times due to reduced capacity in this access route. This cohort make up an increasing number of those waiting over 18 weeks and the service continues to keep in touch with this patient group in line with the unavailability protocol as described previously.

The last report detailed Patient Focused Booking (PFB) as a key intervention within the improvement plan and this has been launched in West Lothian and East Lothian with a manual version. Midlothian and Edinburgh are not using PFB yet. To support this electronically, a TRAK upgrade has been agreed and is currently in progress, however no launch date has been set.

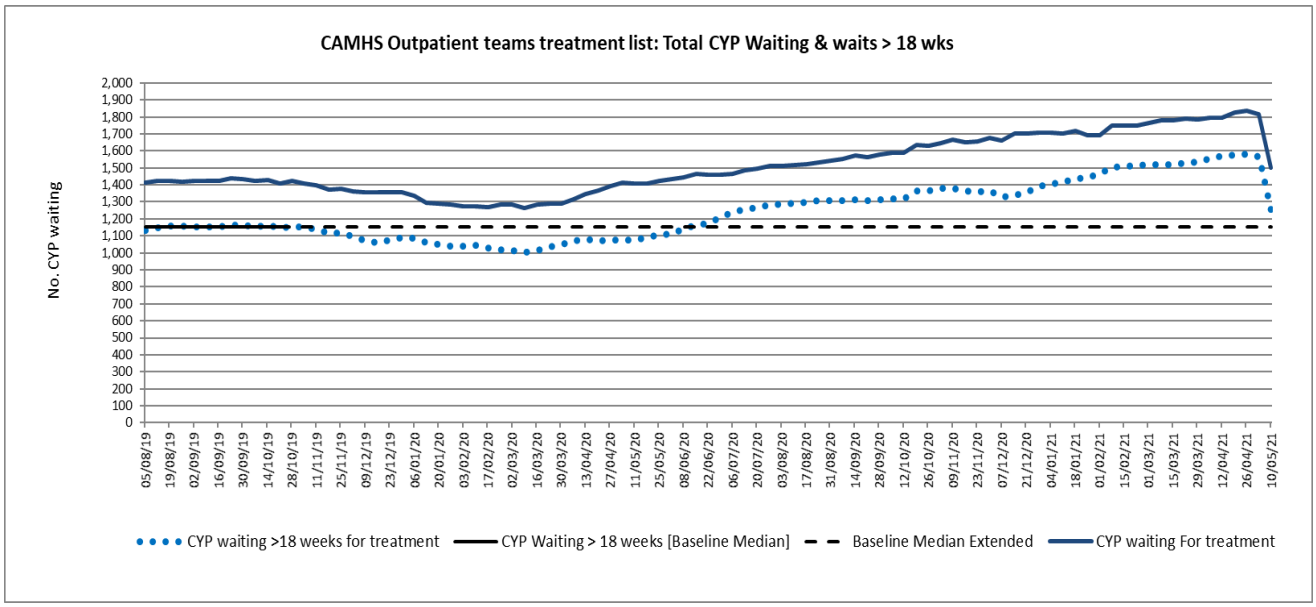
The previous report also detailed ongoing national work to support the use of a digital platform for delivering services. The use of Near Me for group work is being approved at national level, Lothian has been put forward as a pilot site to start in July 2021. As this would be the first stage of testing, this will not increase group capacity in the near future. The Digital Board is to review a risk management strategy for the use of other platforms such as MS Teams for patient use; there remain concerns within Information Governance regarding any expansion, although it should be noted other Boards are reported to be using both MS Teams and Zoom for Group delivery.

Key risks and challenges to improvement include:

- With other NHS Boards and HSCP's across Scotland recruiting to increase capacity to reduce waiting times, this is a competitive recruitment environment.
- The trajectory for adult mental health services relies upon the demand for psychological therapy not increasing beyond the levels of the last 6 months.

CAMHS

Since the last report, there has been a notable underperformance for CAMHS when compared with the previous period. The number of patients waiting over 18 weeks increased (1,558 actual vs. 1,393 trajectory) which is over trajectory.



The New Patient activity targets for April 2021 increased from 118 to 176. There remains significant concern that notwithstanding the impact of Covid-19, the assumptions around New Patient activity in the previous trajectory were under-estimated in respect that the capacity committed to ADHD and other neurodevelopmental conditions was not appropriately accounted for. By comparison, the actual number of New Patient appointments delivered prior to Covid-19 averaged 124 New Patient Appointments per month.

The actual number of New Patient appointments delivered in April 2021 was 84. This is significant under performance from the strong position reported in March 2021.

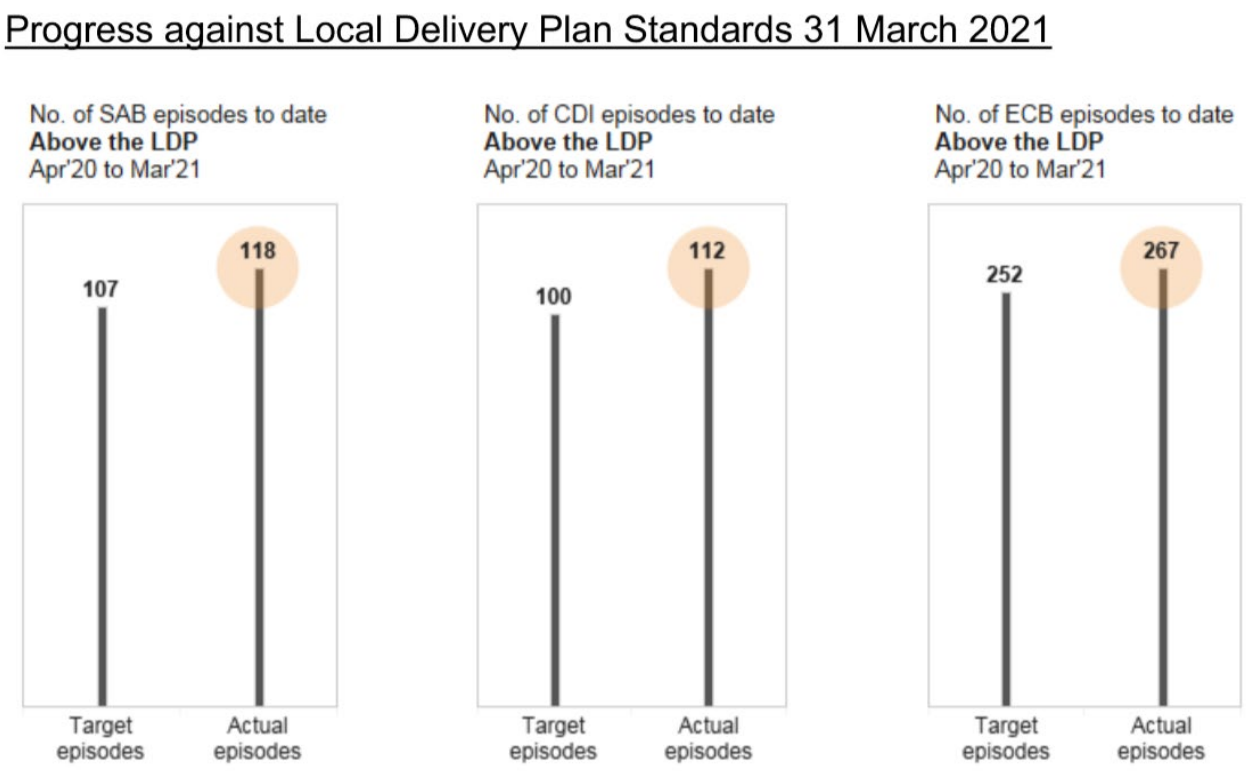
A number of short measures have been agreed to stabilise and recover this position whilst the medium- and longer-term improvements for the Programme are embedded:

- North Edinburgh team will be offered support from South Edinburgh with a view to benchmark triage and initial assessment outcomes.
- Additional 5.5 WTE of clinical resource to be recruited to North Edinburgh to recover higher than projected additions to their treatment waiting list (19 new patient appointments per month), and;
- Over recruitment by 10% for all disciplines to mitigate the historical vacancy gap that has resulted a number of CYP requiring to be added to the transfer waiting list, and;

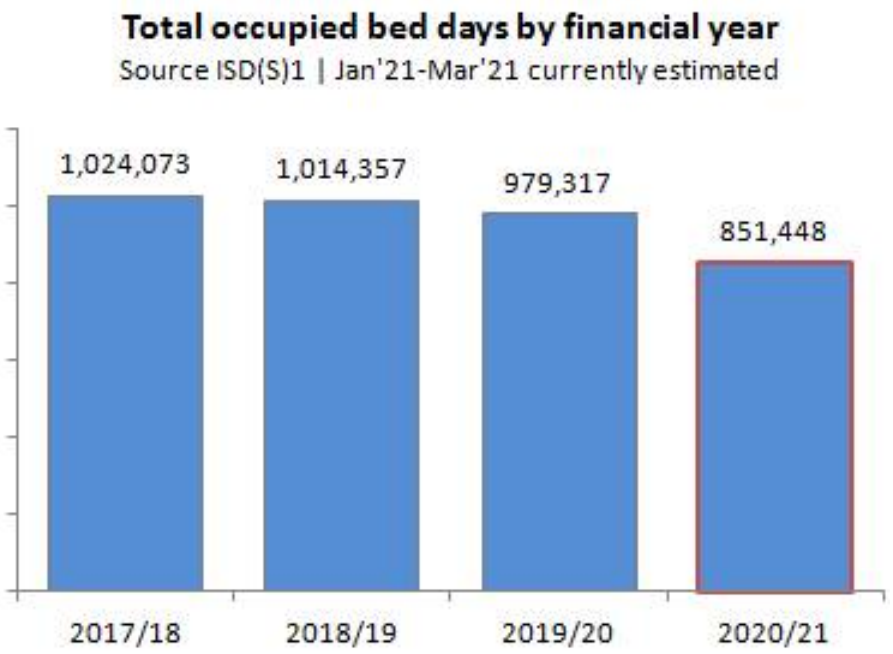
- Further to additional hours being secured from the existing workforce, offer evening clinics (1 new patient appointment for every additional 1.5 hour offered).
- Waiting Times and Access Governance have agreed to roll out the Patient Initiated Follow Up procedure in CAMHS ahead of other directorates to promote earlier discharge from caseloads.
- The Project Team have engaged with and will consider securing additional capacity from an independent provider in the short term.

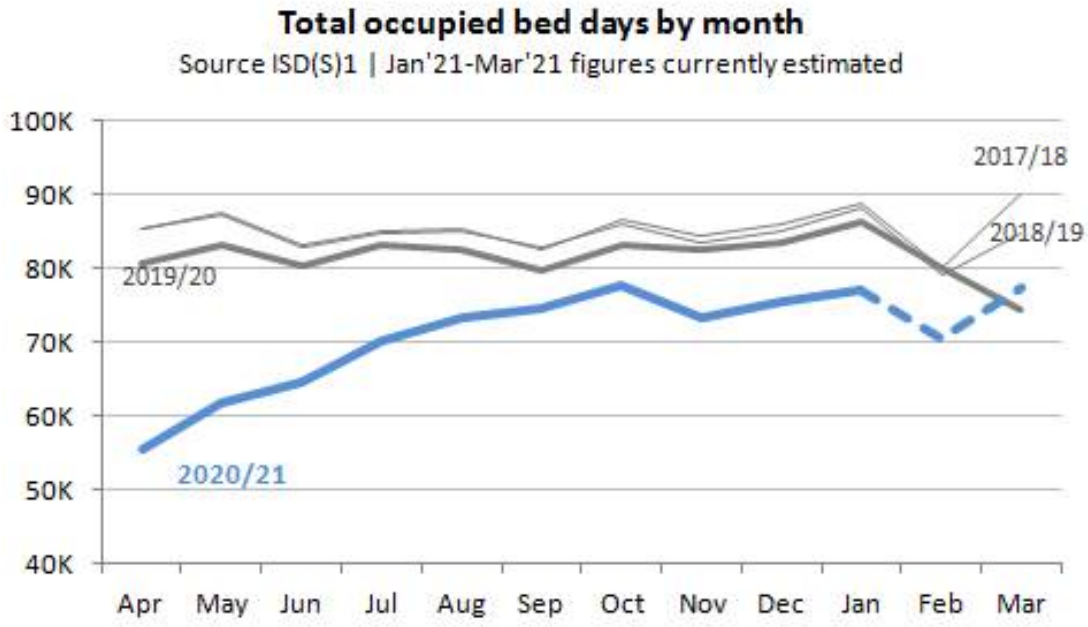
Healthcare Acquired Infections

The local delivery plan interim performance standards for the year 1 April 2020 to 31 March 2021 have not been met as shown in the graph below.



There was an overall decrease in patient activity due to the COVID-19 response during 2020/21. This decrease in activity, reflected in the occupied bed days used as the infection rate denominator, means that in some cases we see a drop in infection numbers but an increase in infection rates. There may also have been changes in clinical practice and patient populations because of the pandemic, which again make it difficult to compare healthcare associated infection activity for 2020/21 against previous years. The graphs below show the drop-in total occupied bed days in 2020/21 compared with previous years.





For NHS Scotland overall, there has been a significant increase in the healthcare associated SAB and CDI national rates for the year to December 2020 compared to the previous year.

The use of broad-spectrum antibiotics to manage infections is recognised as contributing factor to Clostridioides difficile infection acquisition. There is continued Antimicrobial Management Team input into optimisation of appropriate use of 4C antimicrobials is key to meeting the revised target.

Invasive devices remain a significant source of preventable healthcare associated infection including Staphylococcus aureus bacteraemia. Further work is required to improve safe device management to enable NHS Lothian to meet the revised target.

4 Key Risks

4.1 The risks associated with delivering the performance metrics relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies.

4.2 Implementation of some of the longer-term ambitions to improve performance require an ambitious cultural change for patients and staff. The key risk to this is the potential for services to revert to pre Covid-19 working practices.

4.3 That there will be an increased demand and backlog as a result of increased contact with GP and clinic.

4.4 There are limitations, due to infection control measures and national lockdowns on both internal and external capacity.

4.5 Some specialties have particular challenges with recruitment into key roles, ultimately impacting their capacity to support clinical services.

5 Risk Register

5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the 2019 - 20 Annual Operational Plan and Recovery Plans. The corporate risk register is subject to on-going review and update.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.

8 Resource Implications

8.1 The resource implications are being clarified through our finance department. Any financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan
Business Manager, Deputy Chief Executive
08/06/2021
Wendy.macmillan@nhslothian.scot.nhs.uk

List of Appendices
Appendix 1: Delayed Discharge Code Inclusion

Appendix 1: Delayed Discharge Code Inclusion

Health and social care reasons: Public Health Scotland		
	Assessment:	
		awaiting commencement of post-hospital social care assessment
		awaiting completion of post-hospital social care assessment
	Funding:	
		non-availability of statutory funding to purchase Care Home Place
		non-availability of statutory funding to purchase any Other Care Package
	Awaiting place availability:	
		in Local Authority Residential Home
		in Independent Residential Home
		in Nursing Home
		in Specialist Residential Facility for younger age groups (<65)
		in Specialist Residential Facility for older age groups (65+)
		in care home (Dementia bed required)
		Awaiting place availability in an Intermediate Care facility
	Awaiting completion of care arrangements:	
		for care home placement
		in order to live in their own home – awaiting social care support (non-availability of services)
		in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
		Re-housing provision (including sheltered housing and homeless patients)
	Transport:	
		awaiting availability of transport
Patient and family related reasons -		
	Legal/Financial:	
		legal issues (including intervention by patient's lawyer) e.g. informed consent and/or adult protection issues
		financial and personal assets problem - e.g. confirming financial assessment
	Disagreements:	
		internal family dispute issues (including dispute between patient and carer)

		disagreement between patient/carer/family and health and social care
	Other:	
		patient exercising statutory right of choice
		patient does not qualify for care
		family/relatives arranging care
		other patient/carer/family related reason
Code 9 reasons -		
	Patients delayed due to the Adults with Incapacity Act	
	Code 9 patients (excluding those delayed due to Adults with Incapacity Act):	
		awaiting completion of complex care arrangement - in order to live in own home
		awaiting place availability in specialist residential facility (under 65)
		awaiting place availability in specialist residential facility (65+)
		patient exercising statutory right of choice – where an interim placement is not possible or reasonable

NHS LOTHIAN

Board Meeting
23rd June 2021

Executive Director Nursing, Midwifery and Allied Healthcare Professionals

OVERSIGHT OF CARE HOMES

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on the developments relating to the Executive Nurse Director's enhanced professional oversight of Care Homes (CHs) in Lothian that was instigated on the 17th of May 2020 and is place until at least March 2022.

1.2 This report and the Lothian Care Home Annual Report 2020/21 provide an overview of developments and progress to date whilst recognising the responsibilities that the four Health & Social Care Partnerships (HSCPs) have for CHs in Lothian.

1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

2.1 It is recommended that the Board continue to support the delegated responsibility for assurance of the enhanced professional oversight of CHs in Lothian.

2.2 To accept moderate assurance that the governance infrastructure put in place to allow the Board to deliver the enhanced professional oversight of care homes across Lothian is working effectively.

2.3 To note progress and accept moderate assurance in respect of the four aspects of Covid-19 related accountability bestowed on the Executive Nurse Director:

- Workforce requirements and supply of mutual aid
- Infection prevention and control, including PPE and cleaning requirements
- Education and training
- Supportive Review / Visits

2.4 To note the 'Lothian Care Home Annual Report 2020/21' (additional paper).

2.5 To note the 'Care Home Support Framework' which details the NHS Lothian and four HSCPs response to the additional responsibilities for multi-professional oversight of all care homes, irrespective of their status (private, local authority or third sector) by Health Boards related to the Covid-19 pandemic (additional paper).

3 Discussion of Key Issues

Governance

3.1 The arrangements for the governance of the oversight of CHs were established in May 2020 (Appendix 1). Due to a reduction in outbreaks the frequency of HSCP huddles have reduced and the pan Lothian Operational Huddle has moved from daily (Monday to Friday) to twice a week (Monday and Thursday). If required the frequency of the huddles can be stepped up if Covid-19 activity in CHs is increased. The Care Home

Strategic Oversight Group which has met weekly since 26th May 2020 moved to fortnightly meetings on the 15th of March 2021. At the height of the Covid-19 pandemic issues were escalated to Gold Command but issues are now discussed and resolved at the Strategic Oversight Group.

3.2 The Strategic Oversight Group reports quarterly to the Healthcare Governance Committee.

3.3 Oversight arrangements now include other Social Care settings (figure 1) in additional to Older People CHs.

Type of Care	Numbers	West	East	Mid	Edinburgh
Alcohol & Drug Misuse Service	1	0	0	0	1
Care at Home	187	30	20	10	127
Learning Disabilities	26	12	1	3	10
Mental Health	1	0	0	0	1
Physical & Sensory Impairment	9	3	0	0	6
Children and Young People	40	14	4	4	18
Blood Borne Virus	1	0	0	0	1
Respite Care and Short Breaks	1	0	1	0	0
Older People	109	16	17	11	65

Figure 1: Types and number of Care Homes in Lothian (July 2020)

Data

3.4 There continues to be a number of data sources for monitoring Covid-19 related statistics in Lothian CHs:

- Care Home Safety Huddle, recorded daily via self-reporting by the CH on TURAS
- Health Protection Team (HPT) twice weekly Sit Rep
- Regular calls by the HPT
- Regular HSCP calls
- Notifications to the Care Inspectorate
- Enhanced Outbreak Testing record
- Tableau Dashboard

The HPT Sit Rep continues to be the most accurate data source therefore the Sit Rep is the agreed single narrative on CH outbreak data in Lothian.

Due to the CH self reporting model with TURAS there are a number of discrepancies observed and monitored locally, centrally and nationally. Common issues are:

- Inaccurate submission of data
- Data not being inputted in a timely manner
- Manager on leave and duty not delegated
- Human error

TURAS is not mandatory for CHs to complete however the HSCPs and Corporate Care Home Programme team are monitoring input and supporting CHs to improve compliance.

Social Care Covid-19 outbreaks

3.5 Due to the Covid-19 vaccination programme, the number of Covid-19 outbreaks in CHs has dramatically reduced. On the 14th of June 2021 there were:

- Zero older people CHs with a confirmed Covid-19 outbreak and seven older people CHs with a suspected Covid-19 outbreak.
- Three other social care settings with a confirmed Covid-19 outbreak and five with a suspected Covid-19 outbreak.

Open with Care

3.6 On the 24th of February 2021 'Open with Care – supporting meaningful contact in care homes' guidance was published. Some CHs remain cautious regarding opening up visiting for a variety of reasons. The Health Protection Team (HPT), HSCPs and members of the operational huddle continue to support and encourage CHs to apply this guidance to support residents to have meaningful contact with their loved ones.

Assurance visits and Care Inspectorate inspections

3.7 A requirement of the additional accountabilities for the Executive Nurse Director was to carry out a supportive assurance visit of every older peoples CH in Lothian. The initial round of assurance visits were undertaken in the summer of 2020. A second round of assurance visits undertaken May/June 2021 are near completion.

3.8 The scrutiny body for CHs, the Care Inspectorate continue with unannounced inspections. Arrangements to escalate concerns and provide support are well established through the oversight and governance arrangements.

Care Home Testing

3.9 The move from routine weekly PCR Covid-19 testing of CH staff from the Lighthouse Laboratory to NHS laboratory testing is near completion. In October 2020 East Lothian (EL) and Midlothian (ML) CH staff testing moved to NHS laboratories with West Lothian (WL) and Edinburgh CH staff testing currently in the process of transferring to NHS portal testing via NHS laboratories.

3.10 Lateral Flow Device Tests (LFDTs) are being routinely undertaken for the following reasons:

- Care home staff, twice weekly alongside PCR testing
- Outbreak management
- Visitors prior to indoor visiting

Staffing & Mutual Aid

3.11 All CHs have up to date business continuity plans that include staffing. During Wave 1 demand for mutual aid was met. Specific staff were identified from a variety of settings to focus on Covid-19 related activity therefore demand for supplementary staffing was reduced. We also had a large cohort of student Nurses available over the summer months. As we moved into Wave 2, demand increased across the whole system including CH mutual aid however the remobilisation of staff and students to substantive positions had a negative impact on availability of supplementary staff availability to meet demand (figure 2). The demand for mutual aid staff has reduced significantly as outbreaks have reduced.

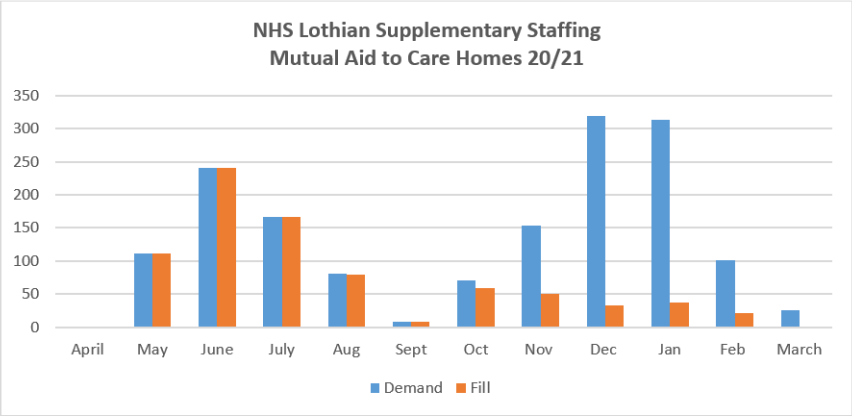


Figure 2: Mutual Aid to CHs Supplementary Staffing 2020/21

Infection Prevention and Control (IPC) - additional resources

3.12 As part of the Winter Plan a funding package of an additional £959,744 was allocated to NHS Lothian for the provision of advice, support and guidance in relation to nursing issues, particularly, the requirements in relation to IPC within adult social care and CHs until March 2021.

3.13 Traditionally support for IPC for CHs sat with the HPT however with the additional resource it was agreed that this would be provided by the NHS Lothian IPC Team to ensure robust staff development and supervision regarding IPC knowledge and skills. The process of transition is near completion.

3.14 The IPC team have developed a proactive and reactive work plan to support Lothian CHs. To date CHs across the HSCPs have had a reactive supportive visit in response to concerns or issues raised by the Care Inspectorate, Care Home Support Team or the Health Protection Team requiring further IPC advice and support. As the IPC team becomes fully established this will enable capacity for proactive support visits over the coming months.

3.15 The additional funding has been prioritised to support the following new posts:

- Programme Manager Care Homes, Corporate Nursing
- Project Manager Healthcare Academy
- Project Support Officer
- Lead Nurse, Quality Improvement and Standards Care Homes
- Team Lead, QI & Standards Care Homes
- Associate Improvement Advisors (4 WTE)
- Team Lead, IPC Care Homes
- IPC Nurses (4 WTE)
- Team Lead, Care Home Education & Training
- Care Home Educator (3 WTE)
- Team Lead, Tissue Viability
- Tissue Viability Nurses (4 WTE)

Recruitment to most of these posts is complete with a small number going through Workforce Organisational Change and Job Evaluation in June 2021.

3.16 The Infection Prevention and Control Manual for Older people and Adult Care Homes (the Manual) was launched on 24 May 2021. The Manual, which was originally developed as the National Infection Prevention and Control Manual (NIPCM), was

thought not be context specific for use in care homes due to its focus on NHS care settings. The new edition of the Manual addresses IPC requirements for older peoples and adult care home settings and is mandatory for implementation in older peoples and adult care homes. It is expected that during ongoing community Covid-19 transmission – the COVID-19: Care Home Infection Prevention and Control (IPC) Addendum plus this Manual will be used by care homes. The Cleaning Specification for Older Peoples and Adult Care Homes was also published on 24 May 2021.

Care Home Covid-19 Vaccination

3.17 The Covid-19 vaccination programme for CH residents and staff commenced on the 17th of December 2020.

3.18 Figure 3 shows the administration of 1st dose (green) and 2nd dose (purple) from December 2020 through to May 2021 to CH residents in Lothian.

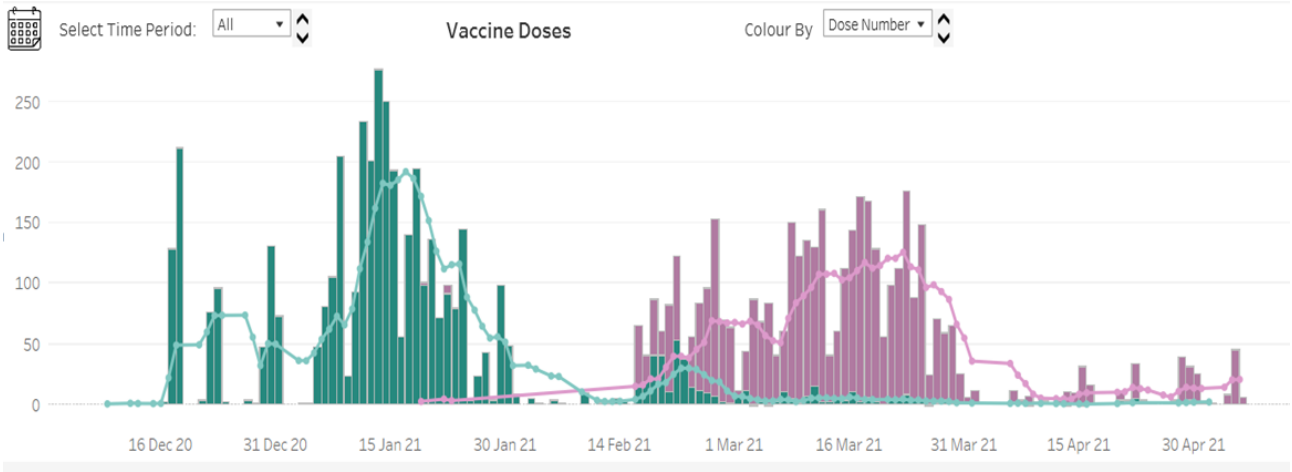


Figure 3: Care Home Residents Covid-19 Vaccinations

3.19 Figure 4 shows the administration of 1st dose (green) and 2nd dose (purple) from December 2020 through to May 2021 for CH staff in Lothian.

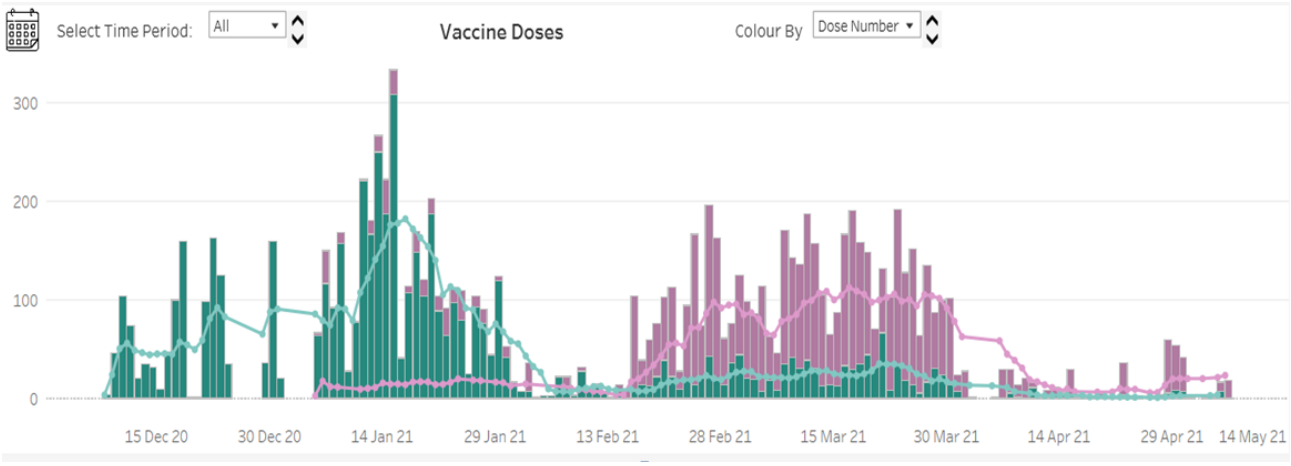


Figure 4: Care Home Staff Covid-19 Vaccinations

3.20 The number of CH staff and CH residents within Lothian is estimated to be 6000 and 4250 respectively. Due to the fluid nature of people leaving and joining employment and residents leaving and moving into CHs these numbers are an estimate. Due to the difficulty in calculating a denominator the following is an estimate for vaccination completion in Lothian
Residents – 1st dose = 98.5%, 2nd dose = 91%
Care home staff – 1st dose = 90%, 2nd dose = 79%

Priorities for 2021/22

3.21 Our priorities for 2021/22 include

- Continuing with the enhanced oversight arrangements that are well established
- Continue to develop the team and support infrastructure for CHs in Lothian
- Continue to listen, learn and collaborate with key stakeholders

4 Key Risks

4.1 NHS Lothian has been given accountability to assure the standards of care delivered in CHs run by private providers, not for profit organisations as well as Local Authorities. The provision of that care operationally and managerially remains the responsibility of the CH providers in accordance with the requirements of the Care Inspectorate regulatory body. HSCPs have well-established relationships with CHs and the enhanced oversight led by the Executive Nurse Director is founded on co-operative and supportive working with all stakeholders.

4.2 The Covid-19 legislation includes the provision for the Scottish Ministers and/or public bodies to intervene in the event that a CH provider is unable to continue to deliver care. This responsibility to take over and run a facility in such an event may be delegated to the NHS Board.

5 Risk Register

5.1 The change in responsibility and accountability of key officers within the Board in relation to the standards of care (specific to Covid-19) places a significant risk upon the Board for services that are not within the Board's direct control.

5.2 There is a complexity in the landscape in which this risk sits, as there are other stakeholders and the statutory body/regulator that also have responsibilities and accountabilities.

5.3 A project risk register and a risk strategy is established and is regularly reviewed by the NHS Lothian Care Home Strategic Oversight Group. This group continues to review the risks around all aspects of the delegated accountability on a fortnightly basis.

5.4 The corporate risk remains on the Corporate Risk Register (no. 5034, updated October 2020 and April 2021).

6 Impact on Inequality, Including Health Inequalities

6.1 This paper describes the response to a policy directive from the Scottish Government. An impact assessment has not been carried out.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 This paper describes the ongoing response to a policy directive from the Scottish Government.

8 Resource Implications

8.1 The additional accountability of the Executive Nurse Director and the delegation of some of these duties to HSCP Chief Nurses have increased the demands on individuals to meet the additional monitoring and support requirements.

8.2 Specific funding is identified to embed leadership, programme management and administration in the corporate Care Home Support Programme Team, enhance the IPC team, Clinical Education team, Tissue Viability team and develop a team to support Quality Improvement and Standards for CHs and primary care settings in Lothian.

8.3 The Strategic Management Group Gold previously committed £440k to supporting this workload and there was an additional Scottish Government allocation of £959k (2020/21). A further allocation of £1 919 488 has been committed from the Scottish Government (2021/22) based on £368 per CH bed. This allocation is recurring and ring fenced until 31 March 2023.

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14 June 2021
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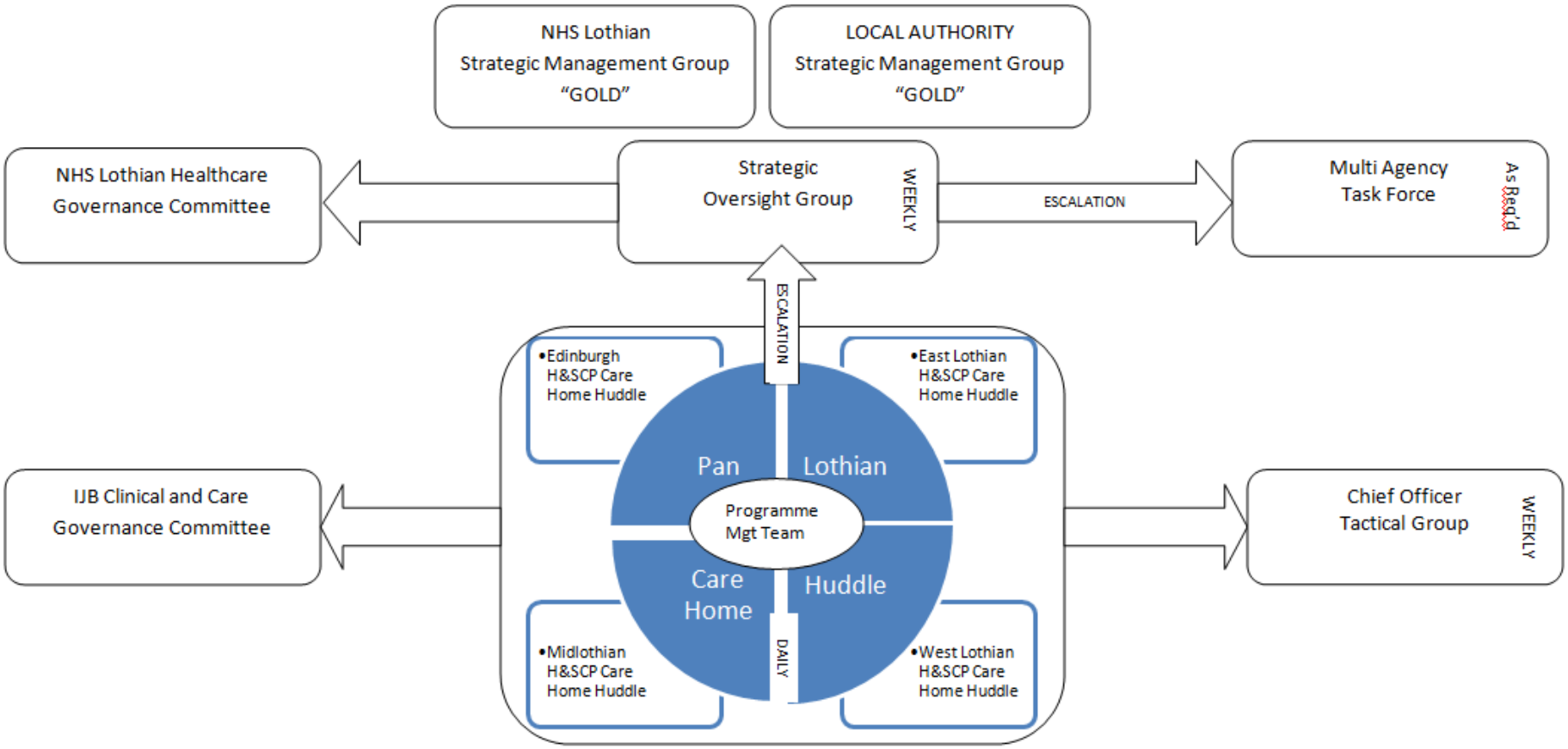
List of Appendices

Appendix 1: Care Home Support Governance Framework (May 2020)

Additional papers:

1. Lothian Care Home Annual Report 2020/21
2. Care Home Support Framework

Appendix 1: Care Home Support Governance Framework (May 2020)



2020/21

Lothian Care Home Annual Report

East Lothian
Health & Social Care Partnership

Edinburgh Health and Social Care Partnership

NHS Lothian

Midlothian Health & Social Care Partnership

West Lothian
Health & Social Care Partnership
www.westlothianchcp.org.uk

Contents

Executive Summary

2020/21 has been an incredibly challenging year. The global Covid-19 pandemic has had a devastating impact across all parts of our society, but particularly among our older and most vulnerable people. The impact on Health and Social Care services has been unprecedented.

At the onset, and during the peaks of the pandemic, it was hard to see how we would get through each day. Care homes were particularly impacted with residents, their loved ones and staff having to quickly adapt to new ways of living and working to reduce the risk of Covid-19 transmission. We also had to adjust to new governance arrangements with NHS Directors of Nursing being asked to oversee responsibility for infection prevention control measures, training and guidance in care homes from May 2020.

However, it is thanks to the dedication and commitment of all staff across Health and Social Care working hard together that I am confident we are in a better place moving forward.
Throughout the last year we have developed a much greater understanding of:

- Our national and local pandemic response
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- Covid-19 outbreak management
- Vaccinations
- Public Protection
- Human Rights
- Staffing requirements
- Physical and mental health impact of the pandemic
- Legal frameworks
- Roles and responsibilities
- Partnership working

This will help inform how we manage care homes in future alongside learning from new ways of working we implemented this year including:

- The new operational, strategic and governance arrangements to ensure quality standards in infection prevention control
- Our strengthened relationships across Health and Social Care and the care home sector
- Utilising new relationships with key stakeholders
- Tried and tested new ways of working and models of care

I would like to take this opportunity to thank all the staff involved in supporting Lothian care homes over the past year and particularly the care home staff themselves. Moving forward in 2021/22 we will continue to support and work together to learn from each other, support improvement work and support staff and resident well-being.

A. McLeod

Professor Alex McMahon
Executive Director, Nursing, Midwifery and AHPs

Introduction

The Lothian Care Home Annual Report gives a high level overview of the NHS Lothian and four Health and Social Care Partnerships' (HSCPs) response to the additional responsibilities for multi-professional oversight of care homes related to the Covid-19 pandemic.

This report compliments the Care Home Supportive Framework which gives a very detailed account of developments, including systems and processes put in place at HSCP, Lothian and Scottish Government level.

This report will include an overview of:

- Our priorities for 2021/22
- The timeframe of developments relevant to care homes in Lothian
- The pan Lothian and HSCP governance arrangements
- The role of Health Protection
- The epidemiolgy across Lothian
- An overview of IPC, testing, education and training, Covid-19 vaccinations and mutual aid arrangements

Demographics of care homes in Lothian

The requirements placed on NHS Lothian were primarily focussed on older people care homes but also extended to other types of care homes in Lothian, detailed in Table 1.

Type of Care Home	Registered Establishments	Registered Places	Total Beds
Alcohol & Drug Misuse	1	10	10
Blood Borne Virus	1	10	10
Children & Young People	39	268	184
Learning Disabilities	26	161	150
Mental Health Problems	1	15	15
Older People	109	5214	4492
Physical and Sensory Impairment	9	67	65
Respite Care and Short Breaks	1	23	23
All	**188**	**5768**	**4949**

Table 1: Lothian Registered Establishments (May 2020)

Introduction

The number of registered establishments has changed over time with a small number of closures of older peoples care homes and one new care home.

In May 2020 the number of registered places in older peoples care homes was 5214 with a total of 4492 beds, detailed in Table 2.

Type of Care Home	Registered Establishments	Registered Places	Total Beds
Older People	109	5214	4492

Table 2: Lothian Registered Places (May 2020)

The current number and registered provider type of older peoples care homes in Lothian is detailed in Table 3.

	Private	Local Authority	Voluntary/Not for Profit	Total
East Lothian (Nursing)	11	2	0	13
East Lothian (Residential)	4	2	1	7
Edinburgh (Nursing)	30	0	4	37
Edinburgh (Residential)	10	9	8	27
Midlothian (Nursing)	6	1	1	8
Midlothian (Residential)	0	1	1	2
West Lothian (Nursing)	12	0	0	12
West Lothian (Residential)	0	4	0	4
Total	**73**	**19**	**15**	**107**

Table 3: Distribution of Older People Care Homes in Lothian by HSCP and Registered Provider (April 2021)

This report focuses on older peoples care homes as this was the main focus for proactive support in 2020. Other social care homes are part of routine oversight arrangements at NHS Lothian and HSCP level.

Priorities for 2021/22

Continue enhanced oversight arrangements

The enhanced multidisciplinary arrangements are in place until at least March 2022, therefore we will continue to support care homes in Lothian with our responsibilities for support and professional oversight with the current structures, systems and processes which are efficient and effective.

The close working relationships between the Lothian care homes and all of the key stakeholders has been key in pre-empting, identifying and resolving issues. This has also been key in offering and providing timely support.

The Pan Lothian Operational Huddle and Strategic Oversight Group has been effective in:

- sharing best practice
- problem solving
- encouraging cross team working
- respecting difference whilst achieving consensus
- achieving a consistent approach across Lothian
- strengthening and creating new relationships

Lothian Care Academy

For a number of years there has been a vision to develop across organisations a health and social care workforce delivering person centred care to people in a variety of care settings. The need for this has now been recognised nationally with the publication of the Scottish Government's Independent Review of Adult Social Care in Scotland.

The concept of a Lothian Health and Social Care Academy evolved from a Pan Lothian workshop held in December 2019 with key stakeholders from Health and Social Care (H&SC). At this workshop it was agreed that person centred care must be at the heart of a Lothian Care Academy Programme. The aim being to have the right staff with the right skills and knowledge to support an individual, at the right time regardless of the individual's employer.

A consequence of the Covid-19 pandemic in 2020 has highlighted the demand for a Lothian Care Academy. The programme's objectives are to:

- Agree core training requirements for care delivery across the Health and Social Care Partnerships
- Identify the process whereby shared learning can take place
- Standardise training and content to enable a more cost-effective approach
- Enhance career pathways for care staff across Health and Social Care
- Stabilise the care workforce (recruitment and retention) making Health and Social Care a positive and attractive place to be employed

Continue to listen, learn and collaborate

We will continue to work with care homes in Lothian and key stakeholders to help identify areas for improvement and support the testing and implementation of innovation and change when appropriate. We will also continue to share learning with other Health Boards across Scotland.

Priorities for 2021/22

New resources

New corporate investment from Scottish Government has enabled us to invest in existing and new teams to support care homes in Lothian. The investment has been used to maximise support and improvement through the following teams/roles:

- IPC team, to continue to support improvements with IPC and outbreak management.
- Tissue Viability team to support prevention and early detection of tissue damage.
- Clinical Education Team to develop and deliver education and training specific for the care home sector.
- Quality Improvement and Standards to support improvement across the sector.
- Programme Manager, Programme Support Officer and Project Manager

The Chief Nurse for Research and Development continues to support the Care Home Programme Team during the Covid-19 pandemic.

Figure 1 identifies the Lothian Corporate Teams that are supporting care Homes.

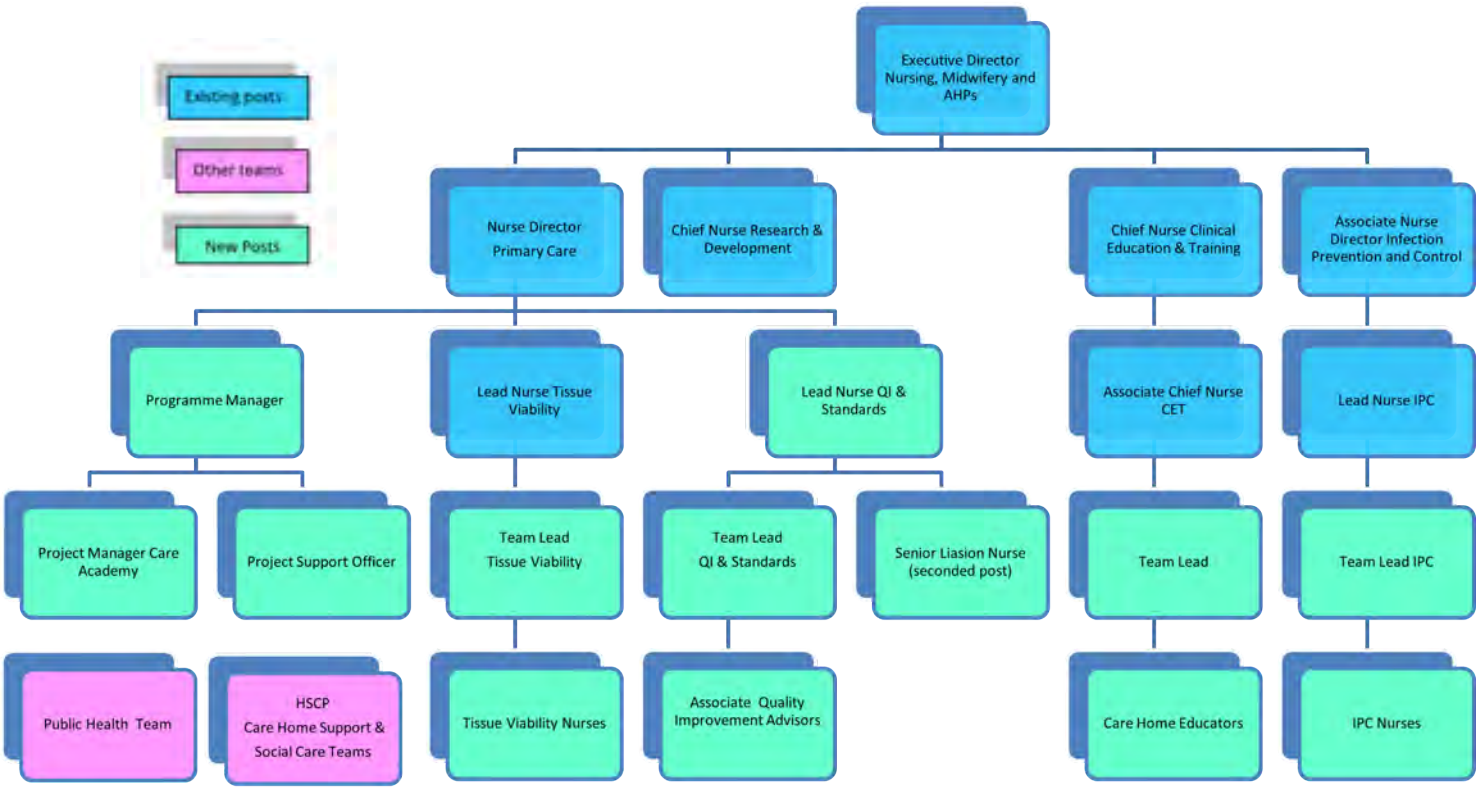


Figure 1: Proposed Care Home Teams in Lothian

We will continue to build our support infrastructure with the aim of developing and sustaining a collaborative model of support for care homes, their staff and residents. We will continue to develop clear roles and responsibilities to ensure the most efficient and effective utilisation of these new services with our key stakeholders pan Lothian.

Chronology

Timeline and Government Communication

Autumn 2019
Scottish Government Pandemic plan consultation with health and social care partnerships, & Boards. Disseminated for comments by Health Protection Team (HPT) and NHS Lothian/ local HSCPs comments were collated and sent into SG.

January 2020
Scottish Government contacted by HPT to see if Scottish pandemic plan would be updated in light of Autumn consultation with HSCPs & Boards.

23 January 2020
First PPE guidance issued.

25 February 2020
"It remains very unlikely that people receiving care in a care home or the community will become infected… There is no need to do anything differently in any care setting at present". Public Health England and UK Government advice

29 February 2020
First Covid19 case identified as infected within UK in Surrey, England.

1 March 2020
First confirmed Covid19 case in Scotland admitted to Western General Hospital, Edinburgh.

2 March 2020
USA reports Covid19 cases and deaths in a long-term care facility in Kirkland, Seattle, Washington. https://www.cidrap.umn.edu/news-perspective/2020/03/seattle-hot-spot-covid-19-us-cases-hit-100.

11 March 2020
UK BBC reports two cases linked to care homes in England.

11 March 2020
WHO Director General declares a pandemic with rapid increase in cases outside China.

11 March 2020
Recommendation by Scottish Care to suspend non-essential visits to care homes.

12 March 2020
Health Protection Scotland (HPS) Guidance issued V1.0.

Chronology

Timeline and Government Communication

15 March 2020

First media coverage of care home Covid-19 cases in Scotland.
Six Covid-19 cases reported at Lanarkshire care home (BBC News) Lanarkshire care home outbreak discussed at next National Incident Management Team (IMT), request from Boards for guidance and PPE advice for care homes in Scotland.

19 March 2020

NHS Lothian HPT chaired a multidisciplinary care home preparedness meeting with geriatricians, chief nurses, HPT nurse.

23 March 2020

Lockdown commences across the UK.

24 March 2020

HPT sent coronavirus update letter to NHS Lothian care homes included advice on symptoms in older people, testing, PPE, links to HPS guidance.

25 March 2020

All Lothian GPs received article written by Conor Maguire, Royal College Physicians on Coronavirus & care homes.

26 March 2020

National IMT Boards subgroup: provision of PPE for care homes was raised as a major issue.
Clinical guidance issued for care home residents.

2 April 2020

NHS Lothian HPT chaired multidisciplinary care home preparedness meeting with geriatricians, chief nurses, HPT nurse.
First minister announces 'move to test all symptomatic patients in care homes'

7 April 2020

SG publication - Clinical guidance for all NHS staff working in the community and Health and Social Care Partnerships during COVID-19.

16 April 2020

Letter from Chief Nursing Officer (CNO) to Board Chief Executives that all symptomatic care home residents should be tested (previously policy was first few residents in care home to establish an outbreak).

17 April 2020

Letter from Chief Executive, NHS Scotland to Board Chief Executives. Directors of Public Health (DPH) to lead, plan, initiate, coordinate and provide a weekly report
Letter from Chief Medical Officer (CMO) to GPs re GP support to care homes.

Chronology

Timeline and Government Communication

20 April 2020
Letter from Interim Chief Executive NHS Scotland to Board Chief Executives on initial assessment of every care home and a programme of visits to every care home

26 April 2020
HPS guidance for Care Home Settings issued

1 May 2020
Letter from Interim Chief Executive NHS Scotland to Chief Executive testing in care homes expansion. To be enacted by 4 May
Letter from Scottish Government to DPH and Integrated Joint Board (IJB) Chief Officers regarding DPH weekly returns review and template.

14 May 2020
Interim guidance on care home testing from HPS.

15 May 2020
Scottish Government publishes an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic

17 May 2020
The Cabinet Secretary for Health and Sport issued a letter and further guidance on new and additional support and oversight arrangements for care homes to NHS Board Chief Executives, Local Authority Chief Executives, IJB Chief Officers, Local Authority Chief Social Work Officers, and NHS Board Directors of Public Health, Medical Directors and Nurse Directors.

A variation to the roles and responsibilities of Executive Nurse Directors, effective from 18 May 2020 to 30 November 2020, specified accountability for the provision of nursing leadership, support and guidance with the care home sector.

Chronology

Timeline and Government Communication

20 May 2020
Interim Chief Medical Officer wrote to encourage Health Boards to secure the involvement of geriatricians in supporting the medical care of older people in care homes.

Stage 2 amendments to the Coronavirus (Scotland) (No.2) Bill make provision for emergency intervention orders in the case of failing care homes.

25 May 2020
The Executive Medical Director, Medical Director Primary Care and Associate Director Pharmacy published a document outlining possible future models of medical and pharmacy input into care homes
An integrated pharmacy service will continue to be led by community pharmacists and pharmacy technicians in the HSCPs with support of specialist clinical pharmacy services in hospital-based medicine of the elderly and mental health, focusing on:

- medicines reconciliation
- monitoring the safe use of high risk medicines
- poly pharmacy review.

National guidance around care home support from medical specialties has been implemented as required, including for residents admitted to hospital and those with Covid-19 being cared for within care homes, including by hospital at home and Lothian Unscheduled Care Service (LUCS).

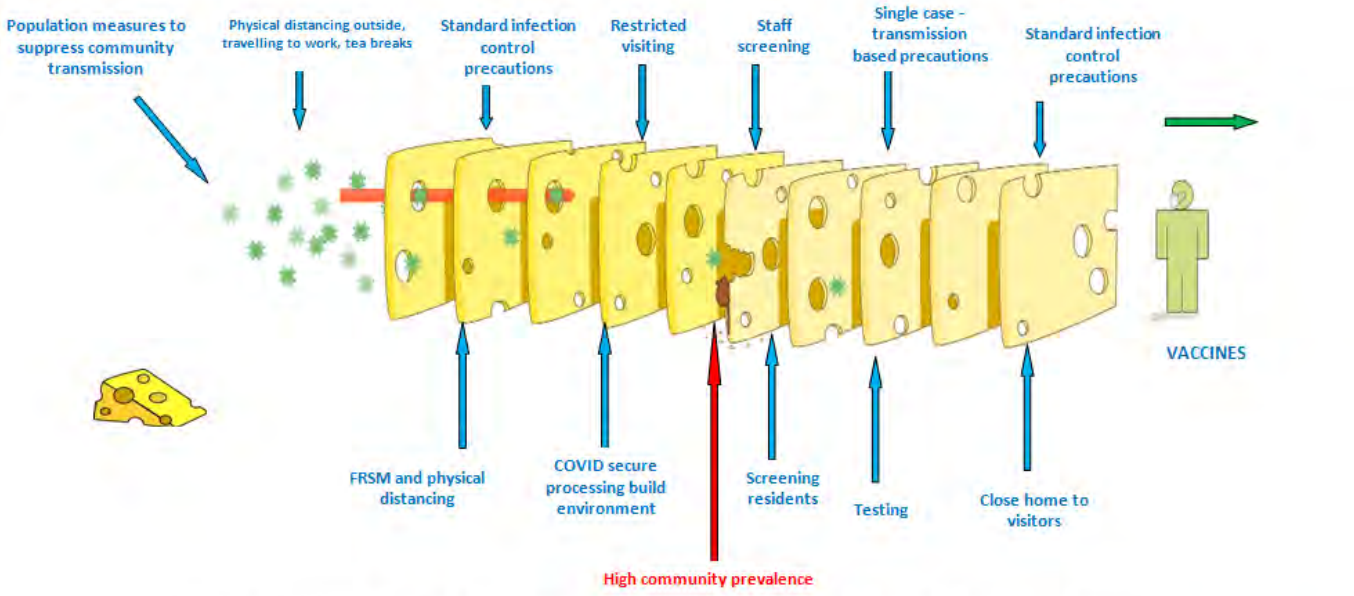
21 September 2020
The Cabinet Secretary wrote to Executive Nurse Directors to announce that the variation in their roles and responsibilities would be extended to the 30th of June 2021.

November 2020
CARE HOME REVIEW: A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland published.

Lothian assessed its position in relation to the risk factors and recommendations identified in the Care Home Review. Overall the Care Home Review reiterated the unprecedented challenges for the care home sector during the Covid-19 pandemic. New interventions, relatively rapid changing and emerging guidance from learning and evidence based research led to many new interventions which were introduced over a relatively short period of time (Figure 2).

Chronology

Figure 2: The 'Swiss Cheese' COVID-19 defences in care homes
Recognising that no single intervention is perfect at preventing spread



Each intervention (layer) has imperfections (holes). Multiple layers improve prevention success.

Based on COVID-19 version by Ian M.Mackay (virology.downunder.com).
Ref: Reason J (1990) Human Error, Cambridge University Press
Adapted with permission from **Professor Jacqui Reilly**

16 December 2020
Scottish COVID-19 Care Home Infection Prevention and Control Addendum V1.0 issued

15 January 2021
NHS Scotland Chief Operating Officer and Director of Mental Health and Social Care wrote to Board Chief Executives 'Promoting Partnership - Support for Care Homes and Delayed Discharge Winter 2021'. The letter emphasised the need for ongoing support to care homes and social care more broadly. Annex A of the letter included actions required to provide ongoing support that included:

- leadership at local level
- Infection Prevention & Control and care standards and practice in care homes
- resilience support for struggling/failing care homes and impact on residents and wider services
- GP and primary care support.

Chronology

22nd January 2021
PROMOTING PARTNERSHIP, Support for care homes and delayed discharge Winter 2021 letter.

3rd February 2021
Independent review of Adult Social Care in Scotland (Feeley Report) published.

24 February 2021
'Open with Care - supporting meaningful contact in care homes' guidance published

Chronology

23 March 2021

Cabinet Secretary wrote confirming that enhanced multidisciplinary arrangements would continue until March 2022. The letter outlined some variation in the extent and focus of these arrangements including:

- ensuring care home residents and staff health and wellbeing
- monitoring, support and oversight to the return of routine activities such as visiting
- planned and co-ordinated reintroduction of health, social care and other services in care homes
- ensuring the scope of interest is extended to wider social care provision
- monitoring sustainability and resilience of the social care sector as it adjusts to new business as usual
- taking into account of the Independent Review recommendations that oversight, through the use of the safety huddle tool, support a partnership-based approach to ongoing improvement in care homes.

Governance Arrangements

Strategic and Operational Structures

In March 2020 a Lothian Care Home Covid-19 Management Group, chaired by HPT was instigated. This group was superseded by the Tactical Group (that brought together the HSCPs, NHS Lothian, care inspectorate and was looking at extending membership to police and others) that convened for the first time from mid-April 2020 after initial discussion with Chief officers.

Two new groups were established on the 18 May 2020

- Care Home Strategic Oversight Group (evolved from the Tactical Group) weekly meetings chaired by Executive Nurse Director
- Pan Lothian Operational Group, daily meetings (Monday-Friday) chaired by Director of Nursing Primary Care or one of the senior nurses in the Care Home Programme Team

Strategic Oversight Group

The role of this group is to:

- Provide oversight and professional scrutiny in relation to IPC standards across all care homes in Lothian
- Agree a set of metrics to be used for weekly oversight of care standards.
- Provide oversight, professional leadership and support in relation to clinical and care governance standards
- Seek assurance through the daily Pan Lothian Operational Group and the individual HSCP huddles that local intelligence and data is being used to ensure there is a clear line of sight to each care home in Lothian
- Provide assurance to the Strategic Management Group that there is a robust system in place in relation to care homes.

Through the oversight group the Chair provides assurance to the NHS Lothian Healthcare Governance Committee and the NHS Lothian Board through briefings and appropriate reports. The Strategic Oversight Group has met weekly since the 26th of May 2020, moving to fortnightly on the 15th of March 2021.

Pan Lothian Operational Group

The role of this group is to:

- Identify, review and discuss all suspected and confirmed outbreaks of Covid-19 in care homes. This includes:
  - Health Protection contact and co-ordination of Problem Assessment Groups and Incident Management Teams
  - Co-ordination of Community Outreach Testing in the event of a confirmed or suspected outbreak
  - Specific requirements and requests for input from specialist teams such as IPC and Clinical Education
- Provide feedback of current staffing levels at care homes and escalate concerns that require the provision of mutual aid
- Provide feedback of progress and outcomes of supportive visits at each HSCP. Escalate any issues and actions that require attention.
- Provide feedback on any PPE concerns and escalate were appropriate.
- Raise and address any issues concerning IPC
- Ensure effective communication with external agencies such as the Care Inspectorate and Scottish Care
- Provide oversight and any agreed response in the event of a Covid-19 outbreak to non older peoples care homes, community and residential services (from February 2021)

The Pan Lothian Operational Group has continued in 2020/21 with some variation in frequency, in response to changes in the outbreak situations.

Governance Arrangements

Escalation

Figure 3 outlines the governance and escalation arrangements from each HSCP established in April 2020 to standing organisational committees, Covid-19 strategic management groups and the provision, when necessary, for the establishment of a Multi Agency Task Force.

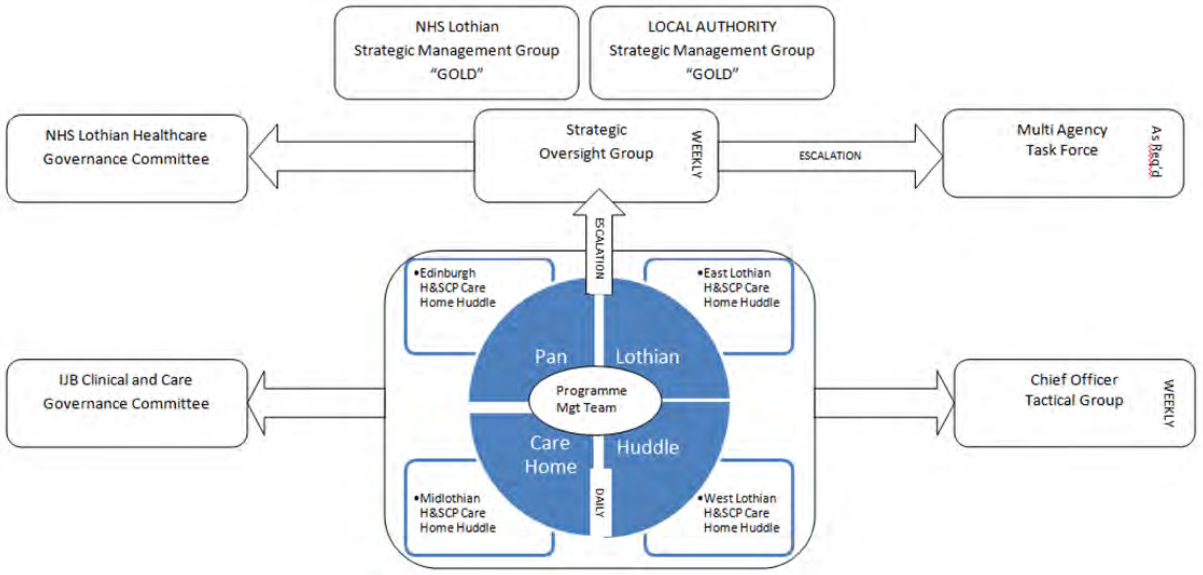


Figure 3: Lothian Care Home Governance and Escalation

Multi Agency Task Force

The Multi Agency Task Force is a group which is led and chaired by the IJB Chief Officer. The group is convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.

The group is scenario driven with three main scenarios evident that will call for the group to take action:

1. There is a risk that the registered provider of a care home will walk away from the responsibilities of running the care home.
2. There is an active and conscious decision from the partnership to discuss the possibility of taking over responsibilities of the running of a failing care home.
3. There is significant care concerns or a significant Covid-19 outbreak.

These scenarios can be driven by escalation from the Pan Lothian Operational Group via the Strategic Oversight Group or through the HSCPs.

The Multi Agency Group's role is to:

- Provide a point of escalation for the Strategic Oversight Group where risks and issues cannot be resolved.
- Convene to discuss the scenario of a care home failing.
- Convene to discuss the possibility of care home registered provider walking way from responsibilities of the home and the consequences there off.
- Provide a platform for multi agencies to discuss said scenarios.
- Agree legislation and authority of actions to address scenarios.
- Provide oversight and professional leadership and support in relation to clinical and care governance standards (within the care home and care at home context).

Governance Arrangements

Escalation to the Care Inspectorate

In the event of a multi agency task force being convened the Care Inspectorate is an integral member of the group. Routinely the Care Inspectorate is part of the ongoing discussions regarding any care home that is a concern. Escalation to Care Inspectorate is via direct contact from the relevant stakeholder or via the Operational/ Strategic Oversight Group.

Reporting to the Scottish Government

An initial assurance on care homes was required to be reported to Scottish Government on 24 April 2020 by the Director of Public Health.

The Scottish Government requested the weekly submission of a report from the Director of Public Health on their assessment of outbreak management and support in each of the four HSCPs. This report, submitted to the Scottish Government Care Home Rapid action Group covers:

- RAG rating of the position in each care home in relation to: outbreaks, PPE, IPC, staffing
- Judgement of overall performance of each care home
- Identification of care homes of immediate concern
- Care home clinical and professional support
- Any identified concerns
- Examples of good practice
- Since March 2021 the report has included staff PCR screening issues

This report is populated by the HSCPs and collated by the Care Home Programme team. From the 7 March 2021 responsibility for this report changed from the Director of Public Health to the Executive Nurse Director.

Healthcare Governance Committee

Reports have been presented to the Healthcare Governance Committee as follows:

- 30 June 2020
- 10 November 2020
- 12 January 2021
- 25 May 2021 (pending)

A Board members briefing session was delivered on the 19th of November 2021

Governance Arrangements

Corporate Risk Register and Risk Management Strategy

A Risk Management Strategy and risk register were created to capture risks for the programme. Risk is defined in the Integrated Risk Management Approach (IRMA) as the chance of something happening that will have an impact on objectives.

The purpose of the Risk Management Strategy was to:

- Provide a risk management approach which can be consistently implemented across the programme;
- Ensure that reliable, up to date information regarding risks affecting the care home programme is available to those managing relevant aspects and components;
- Ensure that before key decisions are taken by the Care Home Strategic Oversight Group, full consideration is taken of the risks involved;
- Clarify roles and responsibilities in the risk management process;
- Ensure there are processes in place to regularly monitor and manage risks across the programme;
- Continuously improve the risk management approach within the programme and ensure the quality of risk inform

Key risks on the register include:

- Duplication of data collection and management requirements
- Engagement with and access to care homes
- Experience of NHS staff to understand care home contexts
- Relationships with care home managers and owners
- Financial risk on the cost of the programme
- Sustainable workforce within care home support teams
- Care home staff receiving financial remuneration when required to self-isolate

The Risk Registered is reviewed at the Strategic Oversight Group on a regular basis. In addition to the risk registered a number of risks have been escalated to the Corporate Risk Register.

A formal entry to the NHS Lothian Corporate Risk Register (5034) was submitted to the Healthcare Governance Committee in July 2020 (High risk) and subsequently updated in October 2020 (High risk) and April 2021 (High risk).

Health Protection

Role of Health Protection

Prevention and management of outbreaks

- HPT worked with colleagues in NHS Lothian, Health and Social Care Partnership professionals, care home and social care providers and community staff to prevent and manage complex outbreaks in care homes and social care during the covid-19 pandemic.
- HPT organized and lead on 184 care homes and social care Incident Management Team (IMT) in between 2020-21. 145 of these were for care homes (116 in 2020 and 49 in 2021). For social care, there were 19 IMTs in 2020-21 (9 in 2020 and 10 in 2021).
- HPT led and coordinated the rapid set up of a care home specific team to provide infection control advice (See section on infection control)
- HPT led the development of the Enhanced Outbreak Response (EOR) to ensure care homes testing was set up and results were conveyed in a timely manner. HPT and EOR took on various quality improvement projects linked to testing, results management and staff well being for care home staff (see section on Enhanced Outbreak Response)
- Contribution and significant input into the national process of Covid – 19 guideline development and subsequent revisions, particularly in the early stages of the pandemic

On call

- Public Health provided on- call cover giving 24/7 access to health protection advice, for 365 days a year, for the effective control of the pandemic and ensuring protection of health of care home and social care population.

Surveillance

- HPT implemented a daily sitrep to collate key information on cases and outbreaks in care homes. and inform the partnership response.

Evidence based approach and Partnerships working

- HPT received, interpreted, provided and advised on highly complex epidemiological and statistical information about the health of care home and social care population to the NHS, Local Authority and voluntary organisations.
- HPT provided expert public health advice to support and inform and evidence-based approach within ethical frameworks to care homes and social care settings.
- HPT influenced external agencies in their public health policy decisions by working with complex professional, managerial and population groups and other organisations in the statutory, non-statutory and private sectors working in care home and social care sector.

Health Protection

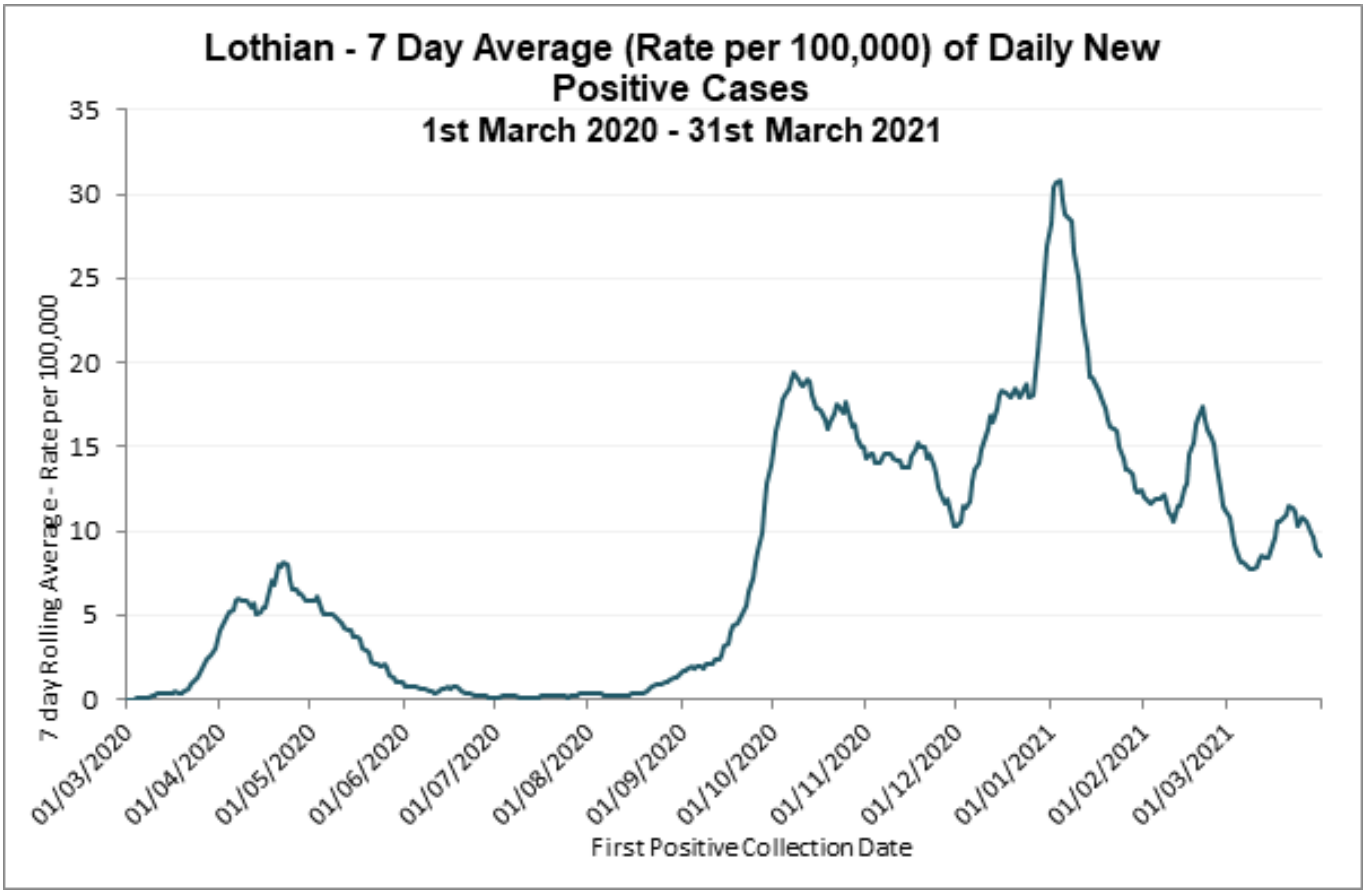
Role of Health Protection

Academic Public Health

- HPT contributed to an in-depth peer reviewed scientific analysis with University of Edinburgh on the first wave in care homes, which allowed practical advice on expected second wave (The Lancet Healthy Longevity Volume 1 Issue 1 Pages e21-e31 (October 2020)

Health Protection

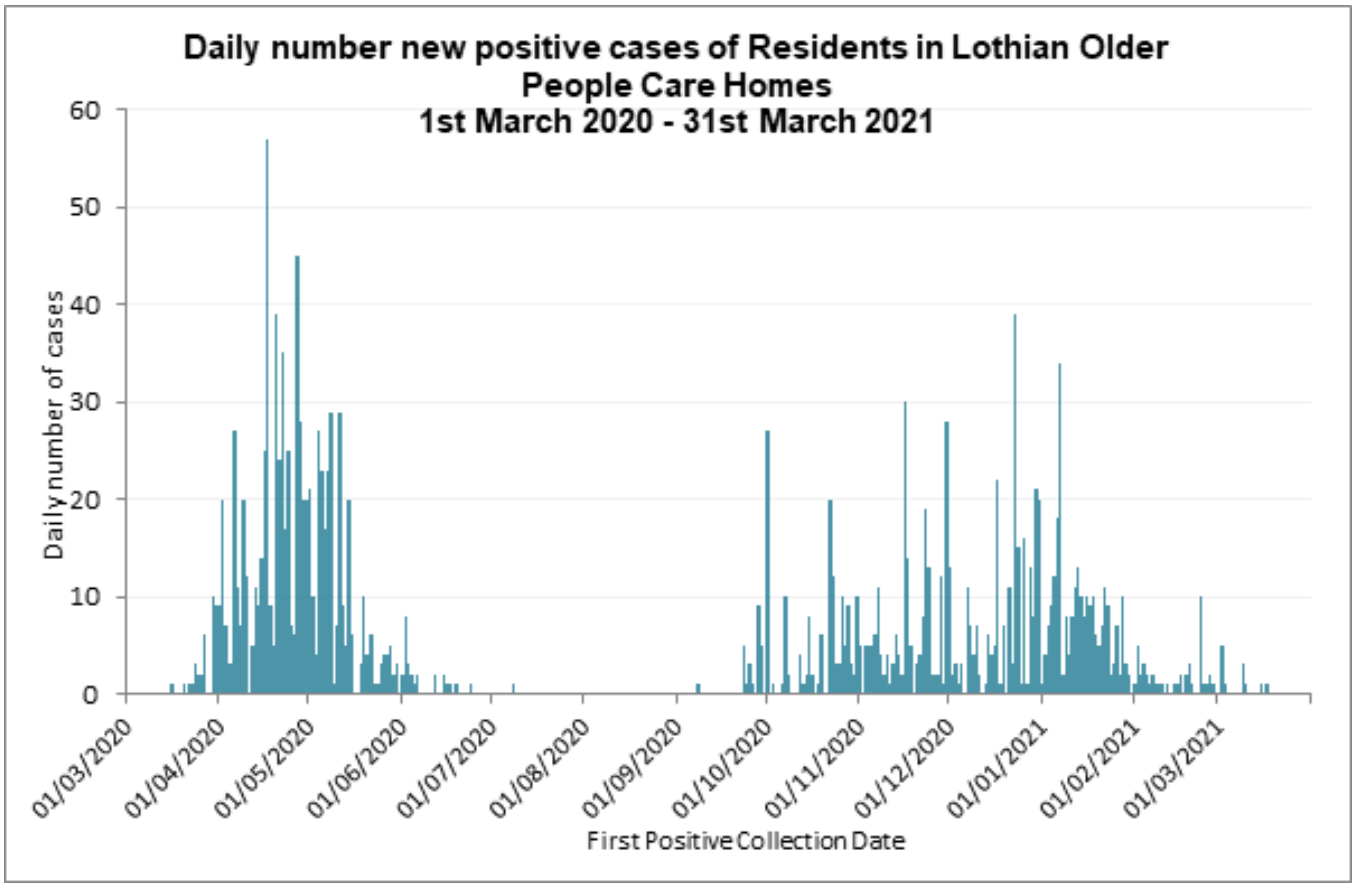
Epidemiology



The 7-day moving average of number in Lothian with a confirmed positive case rose rapidly at the onset of pandemic, peaking on April 2020, then falling again.

- Wave 2 had a more rapid rise from September 2020 and had several peaks, with December 2020/ January 2021 period showing the biggest peak.
- The first test for SARS-CoV-2 in a care home resident was undertaken in the week beginning March 9, 2020 (week 11) and the first positive test was in the week beginning March 16, 2020 (week 12).
- 55 outbreaks were recorded in weeks 12–16 (weeks starting March 16 to April 13), with a further 15 outbreaks in weeks 17–22 (weeks starting April 20 to May 25).

Health Protection

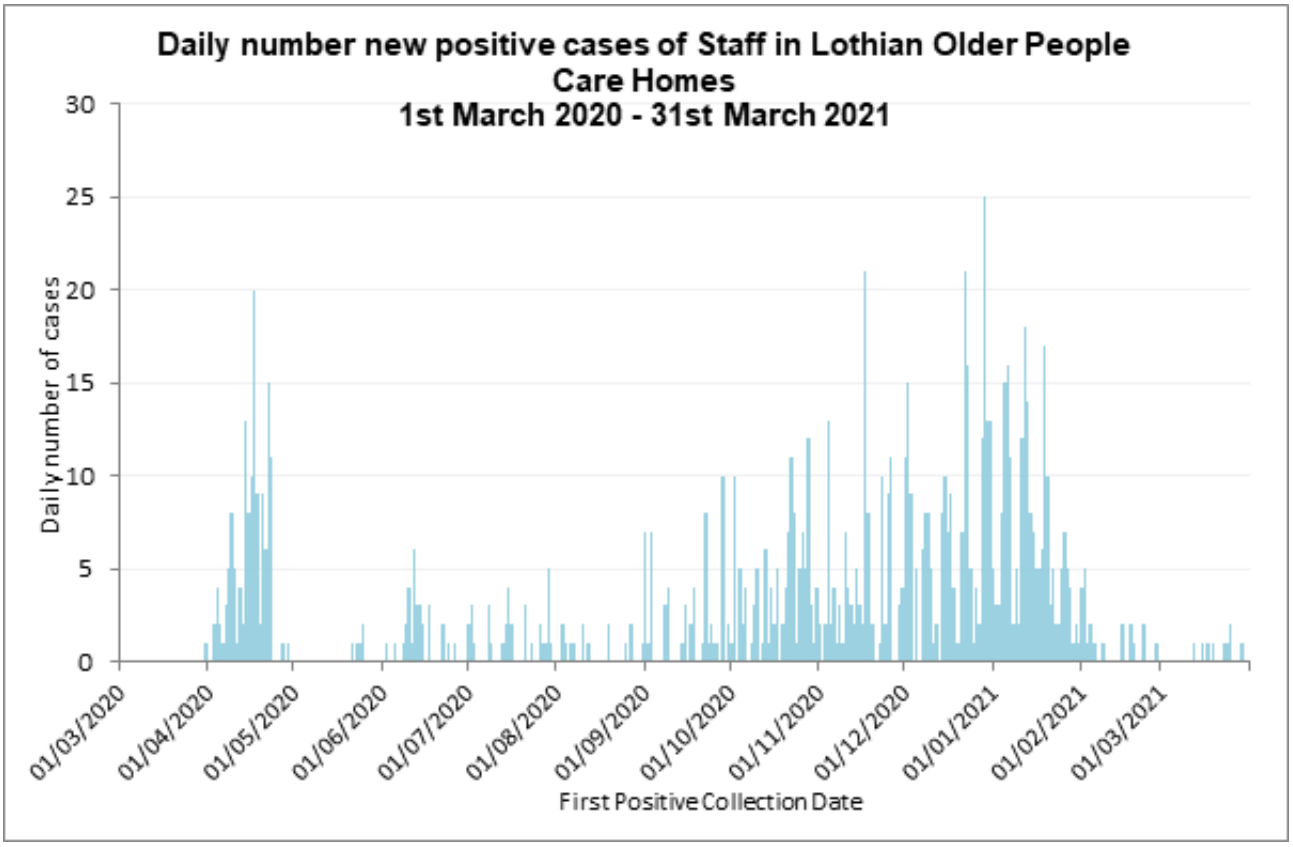


The number of care home residents tested per day rose rapidly, peaking towards the end of April 2020. This was as a result of national policy change on 16 April from testing the first few individuals with symptoms in each care home to testing all people with symptoms.

Thereafter, in Wave 1, the number of residents tested per day fell until a change in NHS Lothian policy to test all residents in care homes with ongoing outbreaks at the end of May 2020.

In Wave 2, the testing pattern broadly resembled the case rate in Lothian population.

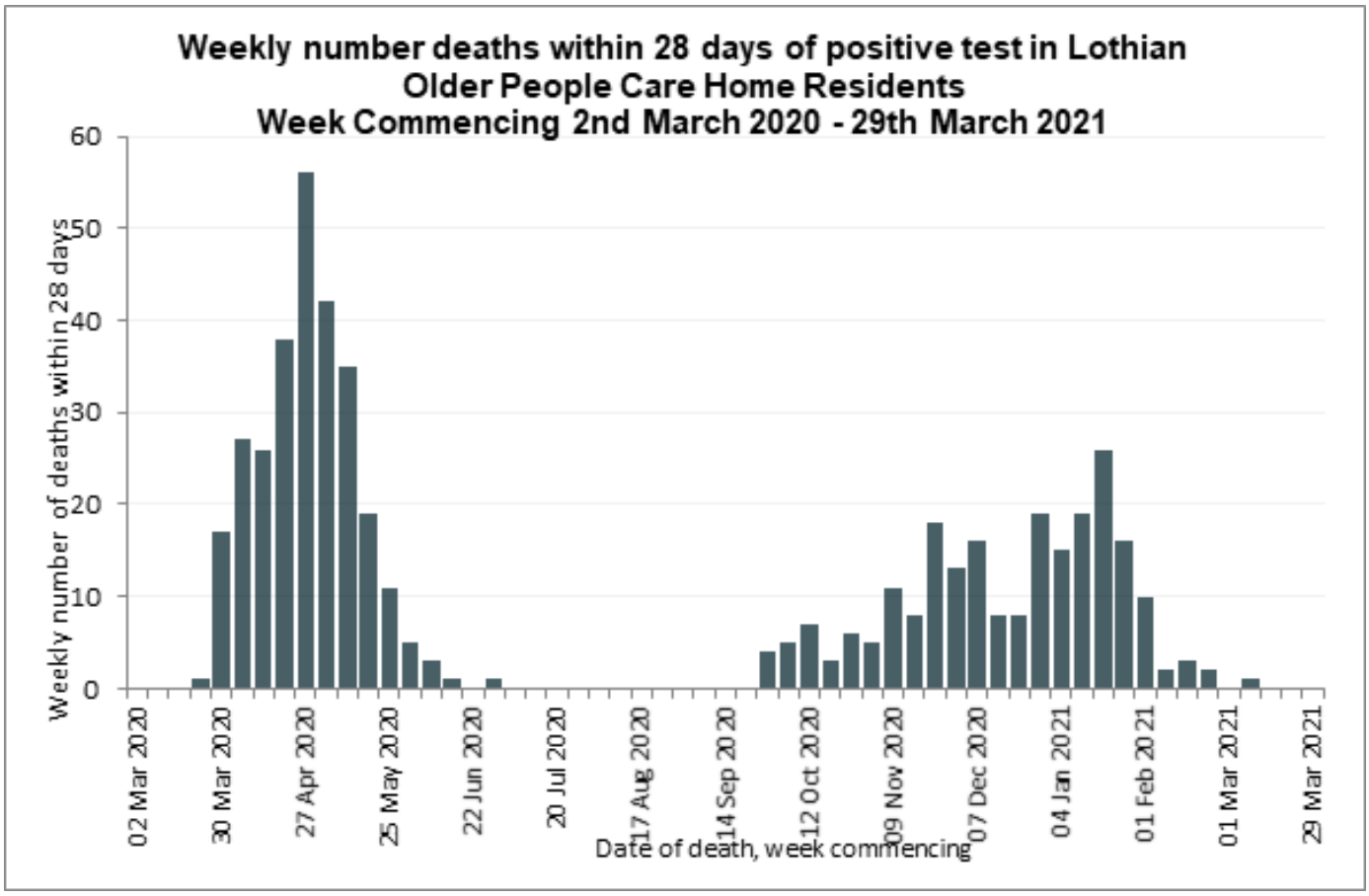
Health Protection



The number of care home staff positive per day rose rapidly, peaking towards the end of April 2020.

There was an ongoing number of staff cases between Wave 1 and Wave 2, which seems to be higher than Lothian cases or cases in older people.

Health Protection

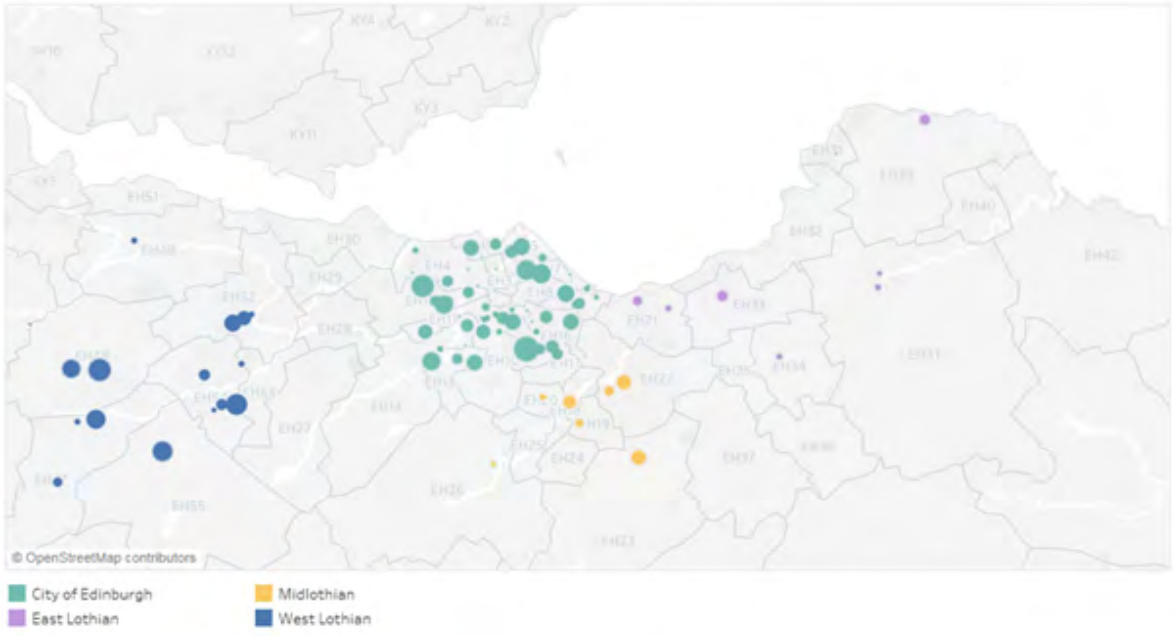


Deaths were in line with the positive care home resident cases in Wave 1 and Wave 2.

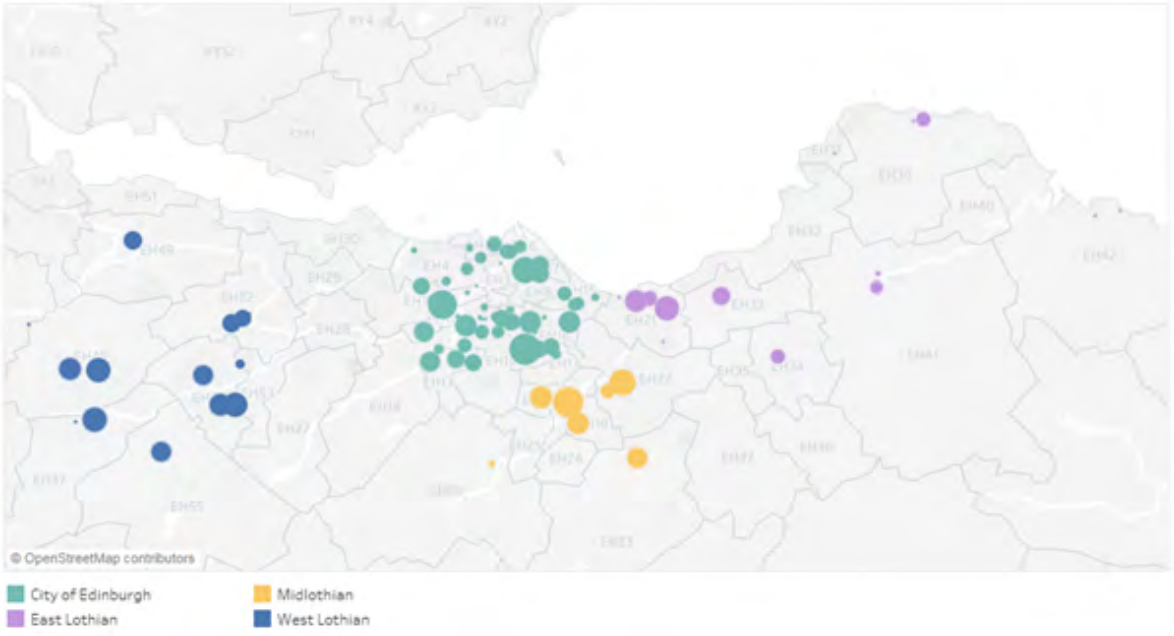
Health Protection

Geographical spread

The following map show the overall Lothian Care Home staff cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)

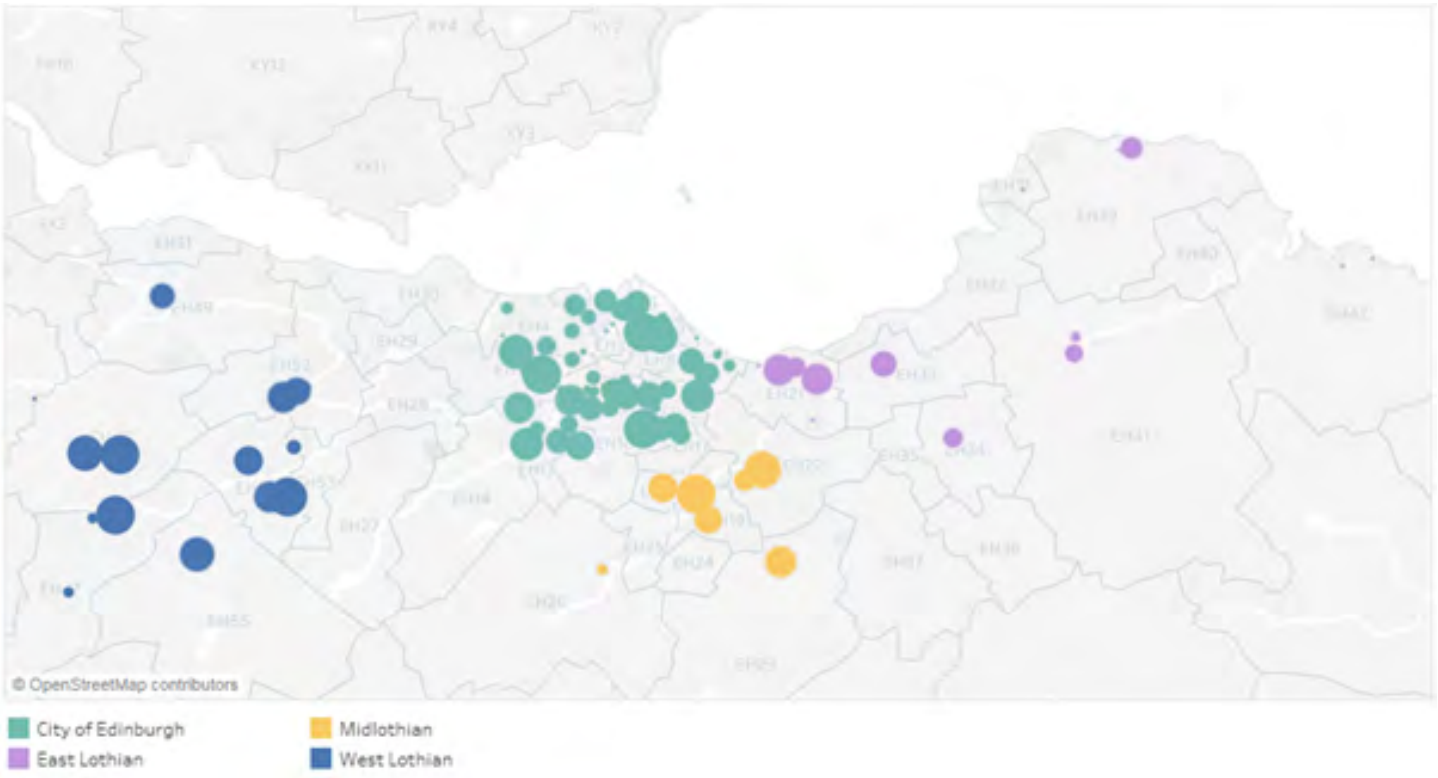


The following map show the overall Lothian Care Home resident cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)



Health Protection

The following map show the overall Lothian Care Home staff and resident cases between March 2020 – 2021. (Note: bigger the bubble, more the number of cases)



Infection Prevention and Control

Health Protection Team

From March 2020, HPT led and coordinated the rapid set up of a care home specific team using staff from other areas of the organisation. The staff were trained by HPT to support care homes through each outbreak by providing daily in-depth IPC advice. Initially a weekday service, the service adapted flexibly and innovatively to provide 7 days a week cover for 12 hours a day.

HPT attended care home team meetings in East and Mid Lothian from when they were set up in mid April 2020, and provided updates on guidance and advice regarding IPC measures through this way, as well as directly to care homes through daily calls with care homes. as well as working with a pan Lothian care home group.

HPT was also involved in supporting care homes to get PPE and access to testing in the early days of the pandemic. HPT was also involved in training and education on infection prevention and control measures. IPC will be transitioning to the newly set up Care Home IPC Team, under the Executive Nurse Director in the summer of 2021.

Infection Prevention and Control Team

Prior to 2020, IPC advice for care homes had been provided by NHS Lothian Health Protection Team. The availability of staff with a recognised qualification in IPC and capacity to provide proactive IPC support was limited, and recognised risk for the team. This has been exacerbated by the exponential increase in HPT workload in response to the wider public health management of Covid 19. The role of infection prevention & control.

Staffing & Recruitment

Following the Cabinet Secretary letter of May 2020 and the allocation of additional Infection Prevention and Control Nurse (IPCN) posts (4x Band 6 IPCN, 1 x Band 7) it was agreed that the remit for IPC in adult care homes and training of new IPCNs would be supported by the NHS Lothian Infection Control Team.

- 2 x Band 6 posts are being appointed to (in post April & May 2021)
- 2 x Band 6 posts are being shortlisted for interview (May 2021)
- 1 x Band 7 post is being shortlisted for interview (May 2021)

The band 6 posts are training posts and these staff will be supported to complete the local IPCN competency based framework and the required Masters level qualification (this is mandatory requirement of the Vale of Leven Inquiry report).

By increasing the overall IPC team, support for care homes will be provided in the short and medium term by the existing qualified and experienced IPCN who will simultaneously support the development of IPCN in training across all acute, community and adult care home settings.

Infection Prevention and Control

Structure & workplan

NHS Lothian IPCT is configured across a geographical structure, and already have responsibility for community hospitals and close working relationships with the Health & Social Care Partnerships who manage these.

Allocation of responsibility for care homes within the geographical areas aligns with this existing structure. To address existing gaps in service cover, and ensure equitable distribution of care home case load, a new geographical team is being established for Edinburgh City:

- West Lothian Team – based at SJH covering West Lothian HSCP
- North Lothian Team – based at WGH covering North Edinburgh area Adult Care Homes
- South & East Team – based at RIE covering East Lothian HSCP
- Midlothian Team – based at RIE/RHCYP covering Mid Lothian HSCP
- Edinburgh City –to be based at REH covering South & Central Edinburgh HSCP Adult Care homes

Each team is led by a qualified Band 7 IPCN and the new Band 6 IPCN posts have been absorbed into this geographical structure.

A work programme (Figure 4) has been developed and endorsed at the Care Home Strategic Oversight

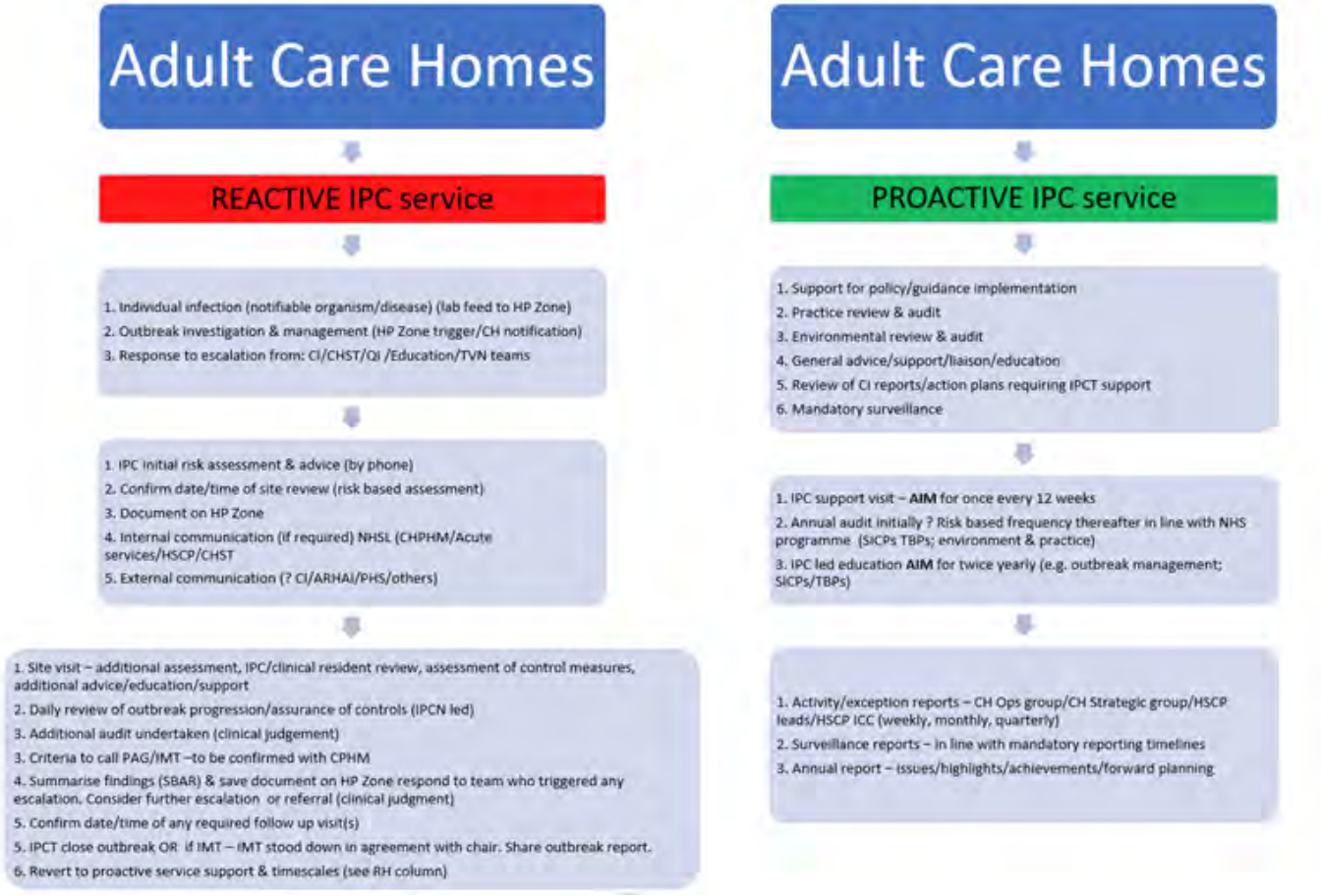


Figure 4: Draft IPC Workplan for Lothian Care Homes

Infection Prevention and Control

Discussion is continuing with other stakeholders to confirm the remit & responsibility for all aspects of infection prevention & control and outbreak management and address practical aspects of implementation.

Care Home Support & Advice

To date, the IPCT have supported reactive visits to 19 Care Homes across the 4 partnership areas. This has been at the request of the Care Inspectorate, Care Home Support Teams or the Health Protection Team in response to concerns or issues requiring further IPC advice & support.

The increased capacity associated with successful appointment of additional IPCNs the team will allow further proactive support visits to be scheduled over the coming months and ahead of winter 2021.

Priorities & Next Steps

- Complete outstanding recruitment & appointment to IPCN posts
- Support education & training for IPCN in training (competency framework & Masters level qualification)
- Finalise roles & responsibilities and hand over of remit from HPT to IPCT
- Arrange access to, and training for, HPZone public health electronic management system
- Schedule introductory visits to all care homes in conjunction with the Care Home Support Teams
- Support the development & delivery of IPC education in conjunction with the Care Home Education team & Care Home Support Teams
- Support and advise on the implementation of the Care Home National Infection Prevention & Control Manual and National Cleaning Specifications (imminent)
- Agree & develop a local framework for IPC audit which aligns with, and complements national IPC audits tools (pending) and existing monitoring frameworks
- To continue to provide direct liaison between National Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and Scottish Government led IPC working groups and NHS Lothian on matters of IPC policy and PPE.

Testing

Care Home Routine Staff Testing

Prior to September 2020, weekly care home staff testing pan Lothian was carried out by the Light House laboratory in Glasgow. NHS Lothian progressed with a plan to take some lab capacity away from the Lighthouse lab and into NHS Lothian labs for a number of reasons;

- Reduce demand on national services to allow improvement in providing results timely
- Ensure local capacity is fully utilised
- Improve the testing regime for care homes
- Develop a robust governance structure
- Support early intervention and outbreak management

It was decided that Care Home staff in Midlothian and East Lothian Health and Social Care Partnerships would be tested weekly and their tests submitted to NHS labs in RIE. This involved 11 care homes in Midlothian and 19 care homes in East Lothian. Care Home staff in West Lothian and Edinburgh Health and Social Care Partnerships would continue to be tested via the National Lighthouse.

The testing within NHS Labs required a different process, as labels to identify tests had to be printed prior to the testing and the type of test kits were ordered through the partnerships.

Figure 5 shows the process for NHS Labs weekly testing.

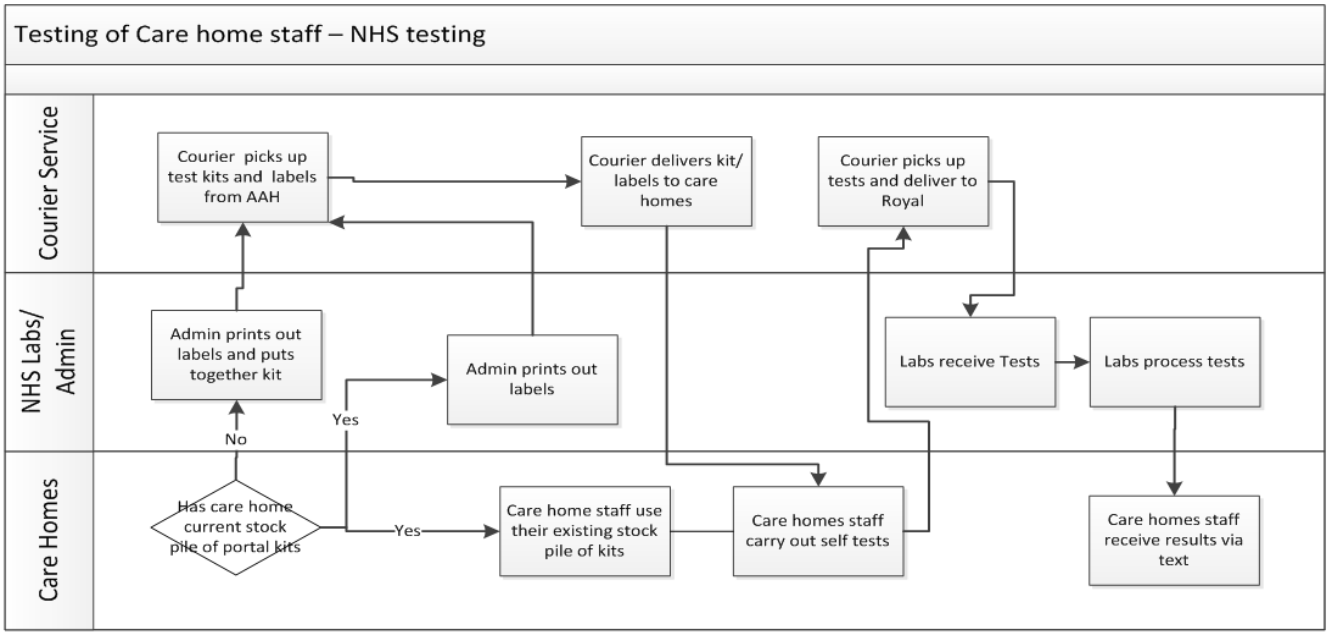


Figure 5: Care Home Staff Routine Testing

Community Outreach Testing

Community Outreach Testing Team

The Community Outreach Testing Team (COT) was set up in March 2020 to carryout resident and staff testing in Lothian care and residential homes. COT increased staffing to meet demand and all care homes had testing carried out within 1-2 days from outbreak declared. The main challenge was receiving staff and resident details to allow testing to go ahead and this occasionally delayed testing.

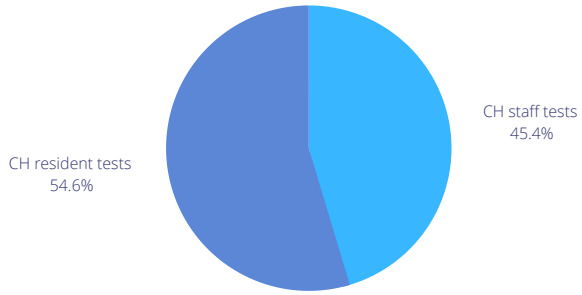
COT was part of the NHS Lothian Covid-19 testing team set up for HCP/household contacts. This testing team was made up of the following staff who had been repurposed:

- 1.0 WTE Band 7 Team Lead
- 3.0 WTE Band 6 Supervisors
- 9.0 WTE Band 5
- 2.0 WTE band 5 pediatric nurses
- 5.0 WTE Band 2 HCSW
- 6.0 WTE admin and clerical

The team also had support of 18 WTE staff from other services by way of mutual aid secondments from dentistry and the Staff Bank. The service was run as one team across the many strands of Covid-19 testing work including COT which allowed for scalability in all areas as needed.

For the year 2020/2021 the COT carried out the following Care Home tests

- 9,227 staff tests
- 11,117 resident tests



At the peak of outbreaks in Care Homes in Lothian a testing triage system (Table 4) was introduced to prioritise testing arrangements and COT met these standards.

Care Home Testing Triage	
Triage 1	New outbreak: Aim: to be tested by COT team within 24hrs of receiving staff/resident lists
Triage 2	New outbreak: Aim: to be tested by COT team within 48hrs of receiving staff/resident lists
Triage 3	Existing outbreak where first round of testing completed. Aim: to be tested by COT team within 7-8 days from last round of testing
Triage 4	Existing outbreak where first and second round of testing completed. Aim: to be tested by COT team within 8-9 days of last round of testing

Table 4: Care Home Testing Triage

Enhanced Outbreak Response

As care home outbreaks increased the Enhanced outbreak response (EOR) was set up alongside COT EOR was delivered by HPT from 1 May 2020 and focused on supported care homes following results and staff isolating and household contacts, management of residents and infection control measures.

The team consisted of five core staff, primarily from sexual health improvement plus a clinician. They worked closely with a variety of partners, including Environmental Health Officers from the Local Authority teams.

- 0.8 WTE Band 7
- 3.0 WTE Band 6
- 1.0 WTE Contact Tracer

EOR and COT worked closely, and the main challenges were from the IT systems for results management. This was mainly due to care homes not having robust staff details. Establishing a smooth pathway for results was a key EOR role. EOR would keep managers up to date with results as they came in, and also speaking to those staff who had tested positive, making sure they understood isolation advice etc.

HPT and EOR team took on various quality improvement projects linked to testing and results management. Areas worked on included - poor understanding of the guidance around isolation, about how this affected family members (as well as the positive individual), how some families were struggling financially due to having to be off work, and perceived pressure to attend work due to staffing pressures. This information proved useful around messaging and information to care home management and staff, as well as informing work on ensuring staff had access to financial compensation for time off work.

Care home agency staff were also encouraged not to work in multiple homes and testing was offered before moving between homes and also included in homes with outbreaks.

NHS Lothian Staff Bank staff supplying mutual aid were also offered testing and asked to not work in multiple homes or hospital sites to minimise risks.

Partnership Working

Partnership working, relationship building and trust has been key in identifying and enabling timely support and effective communication across the care home sector.

Care Inspectorate

The partnership working with the four Lothian HSCPs and NHS Lothian was strengthened during the pandemic. The Care Inspectorate (CI) is a key stakeholder of the Strategic Oversight Group and the Operational group, reinforcing the CI core purpose of providing scrutiny, assurance and improvement support for care homes, and more recently to housing support and care at home providers. In doing this, the CI played and will continue to play a crucial role in protecting people, and importantly, provide assurance of this for relatives, friends and local communities.

As part of the Strategic Oversight Group the CI contributed to the shared vision of human rights based care. They promoted the principles of the Health and Social Care Standards and CI quality framework for care homes, in particular the key area of COVID-19 preparedness. Reviewing how CI scrutiny and inspection compliments assurance visits was important. In the early part of the pandemic this included NHS Lothian staff supporting CI inspectors during inspection visits. CI knowledge and understanding of the social care sector and in particular care homes was and remains an important contribution.

CI promoted care and support that is focused on human rights and is person led, although during this last year these fundamental principles have been challenged by the pandemic. This was particularly difficult when balancing the dangers of Covid-19 with promoting people's rights. People living in care homes have been effected more than most and our role was always to constructively challenge decisions that compromised people's human rights. This resulted in advice and support to the care home staff that helped them to understand and implement guidance in a way that reduced as much as possible constraints on people's rights. Most recently this has related to supporting managers to 'open with care' so that relatives can visit their loved ones again.

The partnership working has meant that the CI have been able to focus their scrutiny and improvement support activities based on evidence and intelligence to support all aspects of the operational group, but particularly the assurance, support and educational teams who visited care homes. CI inspections have been instrumental in identifying areas for improvement in services, but working with the operational group has meant support to improve have been targeted, focused and greatly enhanced locally. Collectively CI work with providers and the operational group has built capacity and capability for improvement in the care home sector pan Lothian.

In the summer of 2020 it was agreed that Boards would support and contribute to Care Inspectorate and Health Improvement Scotland unannounced inspections with a focus on Covid-19 and IPC. There were many benefits from this arrangement however due to a potential conflict of interest regarding scrutiny versus support, NHS Lothian withdrew from this arrangement at the start of winter in line with other Scottish Health Boards.

Partnership Working

As the review and transformation of social care gains momentum, CI partnership work will contribute towards "a system of social care where everyone in Scotland has the opportunity to flourish" (Feeley 2020). CI work will continue to ensure this includes people living in care homes, who are often nearing the end of their life and deserve to have safe and compassionate care and support.

Scottish Care

Scottish Care is committed to supporting providers to ensure the health, safety and wellbeing of the individuals they support and their workforce.

Scottish Care's knowledge and understanding of the social care sector underpinned by the promotion of human rights for residents in care homes over the last year has been challenging against the backdrop of national guidance in respect of care homes.

Scottish Care's vision is to shape the environment in which care services can deliver and develop the high quality care that communities require and deserve. Core to Scottish Care strategy is to create the strongest possible alliance and collective voice to protect and promote the interests of all independent care sector providers in Scotland, and those who access independent sector care services.

Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. The aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

Scottish Care objectives are:

- To develop a positive partnership with key stakeholders
- To support members in key areas of business and professional activity
- To effectively lobby, negotiate and represent the sector
- To ensure providers' ability to develop and deliver quality care services

Scottish Care has also been a key stakeholder in the Strategic Oversight Group and the Operational Group representing the sector and influencing change in Lothian and nationally.

Health and Social Care Partnerships

HSCP arrangements

Each of the four HSCPs have similar governance and leadership arrangements:

- Daily huddles/rapid rundowns
- Action logs
- Regular HCSP reporting governance reporting arrangements
- Integrated Joint Board reports
- Engagement with pan Lothian Operational huddle and Strategic Oversight Group
- Monitoring and support to maximise the Safety Huddle Tool (TURAS) data
- Collation of Executive Nurse Director weekly return to Scottish Government
- Maintenance of risk register
- Care Home forums

Additional activity

- Care Home Supportive Assurance visits using the agreed Lothian Care Home Assurance Tool. The model includes a self evaluation exercise in advance of visit and action planning improvement when appropriate. The HSCPs are currently undertaking a second round of assurance visits.
- Support care homes to implement national guidance
- Support care homes following unannounced Care Inspectorate inspections
- A variety of teams to support discharge planning arrangements and flow seven days a week
- Rapid redeployment of Local Authority staff when required

Each HSCP has its own infrastructure to support care homes. There are four different models for the Care Home Support Teams which have been integral to the pandemic response.

Pan Lothian discussions are taking place to maximise the collaborative effort and impact of the enhanced pan Lothian Care Home support teams, which include:

- Clinical Education
- Tissue Viability
- Quality Improvement and Standards
- Infection Prevention and Control

East Lothian HSCP

East Lothian HSCP Care Home Team (CHT) was established in 2015 initially to provide a education service to local Care Homes, however in 2017 a nurse practitioner element of the team was developed to support the GPs with the medical management of residents within care homes. The team's aim is to ensure that the residents are provided with continuous support with weekly clinics within the care homes and outcomes for residents are resident focused. At present the East Lothian care home team provide medical management for 13 care homes, this is expanding to provide the same service across the county. The education team offer support and education to all care home staff including the care home mangers.

Prior to the development of a local Covid-19 response, a great deal of progress had already been made to establish a coordinated, multidisciplinary approach to identifying and acting on the needs of older people. Within Primary Care this included the development of the Care Home teams which continue to work in conjunction with local GP Practices to support local Nursing and Care Homes. In addition, the development and close collaboration of the Care Home Review Team (ELHSCP) and the secondary care Hospital to Home and Hospital at Home Teams has resulted in a wider range of community based options for individuals' care while reducing demand on secondary care services, but provides good support for the care home team to access to ensure that residents are supported within the home as far as possible limiting transfer to secondary care services. The clinical Care Home team service directly supports 13 East Lothian care homes and delivers prompt and continuous care to these residents. This involves nursing expertise, augmented with clinical decision-making capabilities and prescribing, which has led to more seamless ongoing and acute care. The Care Home Education and Liaison Team (CHET) provides support to all 19 facilities in East Lothian and aims to improve the quality of care through ongoing education and support that they tailor to the needs of the home. The Nurse practitioners in the clinical team are expected to be competent in Clinical Decision making and either have or be working towards V300 independent prescribing. The Clinical Lead is a fully qualified Advanced Nurse Practitioner.

The role of the CH practitioners involves routine weekly or bi weekly medical review rounds (traditionally known as ward rounds). They will medically assess, review routine prescriptions, request tests and investigations for residents – similar to the GP role. In addition they will review acutely unwell residents and use clinical decision making to plan the medical management of these residents and they may arrange hospital admission if required. Nurse practitioners arrange and plan for end of life care including completing DNACPR and Advanced Care Planning (ACP) prescribing and holding person centred conversations with residents and family members. In addition they may also refer to other specialities including ELCHASE (Mental Health team) dietetics and other secondary care services. They will aim to have a holistic review of residents but may also refer to either the CHET side of the team and or other nursing services for ongoing support and management such as tissue viability, bladder and bowel management and ongoing palliative care including syringe drivers.

There is a mixed model across East Lothian. Care Home Nurse Practitioner medical management team supports 12 care homes comprises off:

- 1 Advanced Nurse Practitioner band & clinical lead
- 8 Nurse practitioners (6 full time & 1x28.5hrs, 1x30hrs)
- Administrative support 22.5hrs Mon- Wednesday for both sides of the team.

With GP services supporting 6 care homes but recruitment is ongoing to bridge this gap and provide equity from the Care Home Practitioner medical management team across East Lothian.

East Lothian HSCP

Covid-19 response

A support/liaison service was temporarily available at the beginning of the pandemic to all 19 care homes to include Sat/Sun. The remit for was to arrange testing, support with PPE and IPC and provide swab results.

The CHET work in close partnership with the Care Home practitioners and provide an ongoing education programme to all care home. The team promote the implementation of national health protection and infection control guidance, and facilitate and support the training and delivery of the yearly flu vaccination programme to care home staff. They also work closely with the Care Home Review Team (ELHSCP) to investigate concerns in individual facilities and address issues as needed.

The education programme is supported with input from the NHS Lothian Clinical Education Team at Comely Bank. The education team also work closely with the Care Home practitioners, advising on tissue viability and complex urological situations. They provide an ongoing education programmes to care home staff, and also monitor all hospital admissions from care homes and investigate and report on these. Examples of education topics delivered by Care home Education team include:

- Continence awareness
- Male, Female and Supra Pubic catheterisation (via Comely Bank)
- Food, Fluid and Nutrition
- Diabetes management
- Tissue Viability advice for complex wounds supported by e clinic service by NHS Lothian TVN
- Oral Care supported by NHS Lothian Smiles team
- Nurse Verification of Expected Death- NVOED (via Comely Bank)
- Infection Prevention & Control and use of PPE within Care Homes – including outbreak management
- Pressure Ulcer Prevention and Wound management : right product for right wound
- Eye, Foot and Skin care
- Use of Emollients, creams and barrier films
- NEWS and SBAR
- Communication
- End of life Care

The CHT's roles now encompass activity to deliver assurance around standards of care and to meet requests from Care Homes for education and training.

CHT Education Team:

- Responding to identified training needs, providing local programmes to support the care home staffs develop and to address any education gaps or requests that the care home managers have indicated have been required for their area of responsibility.
- Ensuring best practice by offering a forum for discussion, and information sharing across the care homes to ensure that good practice is shared.

East Lothian HSCP

- Signposting the care home mangers to other services that can support them.
- Providing a monthly forum for discussion across the care home mangers that helped to build relationships and strengthened communication.
- Support the care homes across EL to maintain standards through regular audits and reviews and providing feedback to care home managers and staff that enable them to put mechanisms in place to address any shortfalls and support them to review changes.

Mechanisms that were put in place to support the care homes during the pandemic:

- Care home huddles looking at any staffing issues within the care homes, IPC, PPE and outbreak information and discussion on what support can be provided.
- Daily care home huddles chaired by the Chief Nurse and a wide range of different professional teams to identify any covid related issues that the care homes were facing, to look at what support could be put in place or provided.
- Provide support through the strategy officer to roll out of the TURAS safety huddle tool, monitor returns and support the care home with returns. Report produced daily that is discussed at the care home huddle.
- Provide direct clinical support and advice across a number of areas including tissue viability, end of life care, food fluid and nutrition including referrals to the dietician.
- Delivering Covid Vaccination for new residents and staff – on going.
- Continue the yearly flu vaccination programme to residents and staff across all care homes.
- Continue to providing ongoing education and training programmes for the care homes in conjunction with NHS Lothian Clinical Education Team and other multidisciplinary teams such as ELCHASE.
- Providing care home staff with support with support in relation to outbreak management, visiting throughout the outbreak to provide clinical support if needed and also to provide any further advice required to ensure that standards, guidelines and legislation was fully implemented.
- Providing the care homes with support in relation to the frequently changing guidelines, daily information was being sent after the care home huddle each day with up-dates but also signposting the managers directing them to where they could access additional support or resources. The care home educational team would assist the managers in the implementation of these and would audit compliance.
- Working with NHS Lothian infection, prevention and control nursing staff to support care homes with compliance with practice and providing ongoing education to support any gaps in practice.
- Provide Covid tests for those being admitted to care homes either from the community, supporting care homes to undertake all home testing at the beginning of the pandemic when required.
- Support the care homes across the county with the implementation of both lateral flow and PCR testing and the completion of the returns the care homes have had to do, this has been challenging given the changes to the systems that have taken place . Both business support and the administration staff at ELCH have worked collaboratively to support the care homes with testing kits and the labels for these.
- The CHT's most significant challenge has been delivering the Covid vaccine and supporting the care homes in terms of compliance with delivering and implementing infection prevention and control standards. Staffing pressures has been a continuous challenge due to the delivery of routine practitioner visits to care homes being suspended in order to support the roll out of the Covid vaccine; this was supplemented with staff from other areas such as the wards to ensure that this was delivered timeously.

East Lothian HSCP

East Lothian Care Home Oversight Group.
A daily multidisciplinary care home huddle was very quickly established early in the pandemic as directed by the Scottish Government providing a continuous structured focused approach to reviewing, and reporting a number of areas in relation to care homes and how the pandemic has and is affecting the delivery of care. The meeting is chaired by the Chief Nurse or her deputy, takes place on Microsoft Teams and consists of a structured agenda that includes information from the daily Turas returns.
The meeting discusses the following:
1. New outbreaks or suspected outbreaks.
2. Any PPE Issues.
3. Any issues faced or being experienced by the centralised PPE Hub.
4. Infection, prevention and control issues.
5. Staffing or workforce issues that may not always be nursing.
6. Any need for mutual aid.
7. Any testing issues or non compliance with testing and the uptake of this in each home.
8. Feedback from the NHS Lothian operational group and weekly oversight group.
9. Feedback from both the care home team and review team.
10. Discussion around the support visits and themes and agreed actions to support the care home to address any shortfalls.
11. Any Care Inspectorate inspections.
12. Feedback from the Care Home Manager's Forum.
13. To discuss the latest visiting guidelines and how the partnership can support the care homes to implement these successfully to support residents and families.

The group discuss changes in guidance and agree how they can support implementation of these, and review and monitor any emerging trends, or concerns. The group maintains an action log, monitors TURAS, and completes the weekly DPH return. The huddle has proven to be very successful in further establishing and building working relationships across a number of teams within the partnership that all contribute to support the care homes but may have not connected as well before the pandemic. Working practices and ways of working have changed that enable greater and more streamlines processes and practices due to greater and more defined processes and joint up thinking. The Chief Nurse has put in place monthly MS Team calls with the care home mangers to build and further establish relationships, to discuss pressures and areas of concern they have but also to invite speakers who can give further information and generate discussion around topic or concerns they have. These have proved very helpful and have allowed for discussion and feedback around the support visits and the themes emerging from these, including learning that everyone can share.

Edinburgh HSCP

Edinburgh Care Home Support Team

The service was mobilised due to the Covid-19 pandemic and tasked with providing ongoing support to the 65 Older Adults Care Homes in Edinburgh. As there had been no Care Home Support Team previously they had to make contact with the 65 care homes to explore what support they needed this has now reduced to 62 due to closures. The Scottish Government asked that assurance visits take place in all older adults care homes with a tight timescale for these to be carried out. The visits were mainly focusing on infection control measures, donning and doffing of PPE, resident wellbeing and supporting staff. Logistically planning and undertaking the visits was a huge task and also trying to encourage the care home managers to allow the visits to happen as a lot of the homes had experienced big outbreaks and were very anxious about anyone coming into the care homes. The team are now in the process of completing the assurance visits for a second time and it is planned that these will take place on an annual basis in the future.

The teams current establishment is:

- 1 x Team Lead (Band 7)
- 1 x Deputy Team Lead (Band 6)
- 10 x Registered Nurses (Band 5).

More than half the team have previous care home experience and all have varied experiences and skills to support care homes.

This team has been a constant and consistent support to care homes and it has achieved this by visiting homes and delivering ongoing training and guidance in our response to offer continued support during the pandemic.

Throughout this challenging year, this new service has built links and meaningful working relationships with Care Homes in order to support and advise on the correct use of PPE and promote robust Infection control compliance.

Edinburgh HSCP

Edinburgh Care Home Support Team

As the team has progressed certain elements of its role have been adapted. This now includes undertaking preadmission Covid-19 testing for people within the community who are awaiting a care home placement. Another element of the team's role is undertaking baseline reviews of care homes for older adults, in helping understand the impact of the covid-19 pandemic. This is achieved by the use of the assurance/supportive tool which the team use while undertaking there visit.

The role of the team also includes engagement and liaison with Hospital at Home Teams, Allied Health Professionals, Health Protection Scotland, Care Inspectorate, Scottish Care, General Practice Surgeries, NHS Education Services, Residential Review Team and the third sector. In working together with these services the team is able to utilise this network to help support care homes.

The 10 Band 5 Registered Nurses are on a 1 year fixed term contract however looking past Covid-19 this team could provide support to the older adults care homes in Edinburgh, providing education and support to allow development of care home staff, in turn resulting in quality care. The team would be able to provide assurance to the Partnership about the care being provided and continue to be integral in the liaison with other services who have input into the care homes.

Midlothian HSCP

Midlothian Care Home Support Team

Midlothian Health and Social Care Partnership's Care Home Support Team (CHST) was established in 2017 to provide both a proactive and a reactive service for local Care Homes. The team's aim is to ensure good outcomes and experience for people living in a care home in Midlothian and to model NHS Lothian values while providing support to staff and managers.

The CHST's roles now encompass activity to deliver assurance around standards of care and to meet requests from Care Homes for education and training. A significant challenge is the release of care home staff from direct care work to undertake education sessions – the team continues to discuss with Care Home Managers how they can support staff to upskill as group sessions are generally poorly attended. Education sessions are developed with the support of the Corporate Nursing Clinical Education Team which has expanded its direct input to Care Homes.

Prior to the Covid-19 pandemic, the team's activities centred on:

- Responding to identified training needs by providing local training or signposting to resources relating to training and clinical support.
- Encouraging best practice and offering a forum for discussion information sharing to enable care home staff deliver the best possible care.
- Acting as a channel to communicate between care homes and other stakeholders.
- Building working relationships and developing a community of practice among care home managers in Midlothian.
- Assisting the care homes to maintain standards by undertaking regular audits and reviews and providing feedback to care home managers and staff in a constructive manner.

Additional activities initiated to respond to COVID 19:

- Daily phone calls to every Care Home with a focus on staffing, IPC, PPE and outbreak identification and management.
- Weekly face to face visits with manager and staff including a walk round and completion of a checklist.
- Facilitation of a weekly Care Home Managers Catch Up (MS Teams) – for wellbeing support and to discuss current issues.
- Supporting roll out of the TURAS safety huddle tool, monitoring returns and supporting greater accuracy in completion.
- Provision of direct clinical support and advice e.g. wound care, palliative and end of life care, management of stress and distress, falls, specialist seating, meaningful activity.
- Supporting care plan reviews for every resident looking at physical, mental and psychosocial health and rolling out a programme of anticipatory care planning.
- Providing Covid-19 PCR tests for housebound people at home prior to Care Home admission.
- Delivering Covid-19 Vaccination for new residents and staff (i.e. those not covered by mass vaccination).
- Delivering Flu vaccination for residents and staff.
- Providing education and training in conjunction with Midlothian Council Learning and Development Team and NHS Lothian Clinical Education Team.

Midlothian HSCP

Midlothian Care Home Support Team

- Providing care home staff with emotional wellbeing support, including structured reflection and debriefing.
- Development of protocols e.g. Covid Clinical Checklist – co-created for implementation in event of residents or staff being symptomatic and/or returning a positive PCR or LFD tests.
- Supporting Outbreak Management – daily visit throughout to provide clinical support if needed and to provide support, advice and signposting for care home staff wellbeing.
- Adapting to frequently changing guidelines, communicating the changes, ensuring awareness and appropriate changes in practice.

The team's overarching reflection on the year that has past is that reflection, learning and innovation have enabled them to adopt new and improved ways of working and that they are able to adapt and be flexible in the way they provide support.

The CHST's most significant challenge and learning resulted from detecting and supporting a significant outbreak in a local care home. This learning has enabled improved support to be provided in other care homes subsequently experiencing a Covid-19 outbreak. Particular improvements have been implemented around 'recognition of deterioration', with plans now in place to implement the RESTORE2 approach which will upskill care staff to undertake and record observations of vital signs and improve communication of key information with health care professionals. Engagement sessions will be undertaken with 2 early adopter Care Homes commencing mid May 2021. Implementation is reliant on agreement of sign- off of competencies for non-NHS employed care staff. This is understood to be within the scope of the NHS Lothian Care Academy Project Board.

Midlothian CHST Staffing Establishment May 2021

Role	WTE
CHST Team Manager (Adult Nursing)	1.0 WTE
Community Mental Health Nurses	2.0 WTE
Occupational Therapist	1.0 WTE
Quality Assurance Officer	1.0 WTE
Specialist Palliative Care Nurse Practitioner	1.0 WTE**
Community Staff Nurse	4.0 WTE (3.0 WTE ***)
Total CHST	10.0 WTE

(** and *** funded as additional posts from April 2021)

Table 5: Midlothian CHST Establishment

The CHST has well established working relationships with multidisciplinary teams across Midlothian including District Nursing, Dietetics, GPs, Hospital at Home, Palliative Care Nurse Specialists, Social Work, Physiotherapy and Occupational Therapy, Psychiatry and wider mental Health and Dementia teams, Speech and Language Therapy, the voluntary sector and the Care Inspectorate.

West Lothian HSCP

Care Home Clinical and Care Professional Oversight Group in West Lothian

It is recognised that significant challenges have been experienced by the care home sector in West Lothian and nationally. Close partnership working has ensured that challenges have be managed in a proactive manner with no concerns identified indicating the need to exercise powers associated with Coronavirus (Scotland) (no.2) Act 2020.

The West Lothian Care Home Clinical and Care Professional Oversight Group

The oversight group continues to meet daily to consider and evaluate information relating to the Covid-19 status of older people and adult care homes in West Lothian. This is supplemented by direct contact with care homes and oversight of information available through the TURAS system. It is anticipated that the enhanced multi-disciplinary arrangements will be required to be in place for the foreseeable future. A range of tasks have been undertaken by the Care Home Clinical and Care Professional Oversight Group over the last year, these include:

- Engagement with NHS Lothian Operational and Strategic group, Health Protection, Care Inspectorate and Scottish Care. Daily communication with GPs, Nursing teams and the dedicated NHS Care Home team.
- Hosted and chaired virtual fortnightly care home forum for independent/internal care homes to share experiences, guidance and provide support. The forum is well attended and feedback received is very positive.
- Completed a second round of assurance visits to each care home by a dedicated team consisting of social work and NHS care home team. Assurance visits evaluated each care home in West Lothian in the following areas:
  a. IPC measures – Environment; PPE; Laundry and Waste Management
  b. Health and Care needs during COVID-19 including – anticipatory care plan; people who are unwell and at the end of their life; caring for people with cognitive impairment during lockdown.
  c. Workforce – staffing levels and multi-disciplinary working
  d. Staff wellbeing
- Assurance reports are presented and scrutinised by the group with follow up actions agreed and a RAG status awarded to each care home. The third round of care home assurance visits commenced on 3 May 2021.
- Care home staff weekly Covid-19 testing performance continues to be monitored by the oversight group. Care homes follow current government guidance where staff are required to participate in LFD testing twice weekly and a PCR test weekly.
- Actively supported care homes to implement the 'Open with Care' visiting guidance to enable residents to receive regular, meaningful contact with friends and family. Care homes were able to resume indoor visiting for up to two visits per resident, per week, providing that the care home met a set of safety conditions. This included analysis of the qualitative and quantitative information associated with open with care visiting.

West Lothian HSCP

Care Home Clinical and Care Professional Oversight Group in West Lothian

- Additional support was provided to care homes to enable safe admission where residents were unable to self-isolate due to dementia or 'walking with purpose'.
- The Covid-19 vaccination programme has been successfully delivered to residents and staff across all care homes in West Lothian, protecting those most at risk by achieving high vaccine uptake amongst these priority groups. The oversight group have been instrumental in monitoring uptake rates and coordinating additional vaccination 'mop up' sessions for staff ensuring high level coverage.
- Provision of onsite IPC audits and feedback to support care homes.
- Analysis of fortnightly Care Inspectorate reports for themes and any learning for our quality assurance teams to consider.

The care home clinical and care oversight group was implemented in West Lothian as determined by Scottish Government on 18 May 2020. There are constructive and robust relationships with all care home providers enabling the early alerting of issues and provision of any required support. Clinical and care senior oversight arrangements to date have not led to the identification of significant provider concerns in West Lothian requiring the need to exercise powers associated with Coronavirus (Scotland) (no.2) Act 2020. Contact has been made daily with each care home over a 7-day period since May 2020 which has ensured 100% compliance across all care homes with the daily Scottish Government question set.
In circumstances where any difficulties or risks emerge, the professional oversight group have coordinated activity to ensure that any required improvement actions are supported.

West Lothian HSCP

West Lothian Care Home Support Team

The West Lothian Care Home Support team was established in 2019. The team is aligned to the Community and Mental Health Teams and comprises of

- Advanced Nurse Practitioners
- Community Nurse Practitioners
- Staff Nurse

The team adapted throughout Covid-19 to ensure they were able to provide the care homes in West Lothian with the support they required at the right time. This included:

- Supporting mass testing
- Providing advice and information on IPC in conjunction with Public Health Team
- Providing training and support on Restore mini tool, NEWS 2 and SBAR to help staff identify and support symptoms for those residents with Covid-19.
- Support care home staff with wound care, palliative care and management of Long Term Conditions
- Supporting the Covid-19 vaccination programme

The team provide Hospital @ Home level of support to residents at risk of hospital admission and support a period of transition when residents are newly admitted to a care home. The team facilitated the use of NHS Near Me to allow care homes to discuss residents health, and provided face to face assessment where appropriate.

The team provided clinic support and advice to care home staff during Covid-19 outbreaks where residents had difficult to manage symptoms, supporting staff with clinical decision making and promoting use of updated Scottish palliative care guidelines, liaising with GPs and other specialists for advice where required. They also supported the winter flu vaccination programme for care home residents and staff and continue to support the Covid-19 vaccination programme in Care Homes.

The team also undertook the Care Home Assurance visits to ensure Care Homes were prepared and able to respond appropriately if an outbreak of Covid-19 occurred.

Corporate Care Home Programme Team

Corporate Nursing Care Home Programme Team

The Corporate Nursing Care Home Programme Team was put in place in May 2020 under the direction of the Executive Nurse Director and the Nurse Director Primary and Community Care.

Following some initial secondments four posts have subsequently been made substantive:

- Programme Manager
- Senior Project Manager (Care Academy)
- Lead Nurse, Quality Improvement and Standards
- Project Support Officer

The Programme Team is also supported by:

- Chief Nurse, Research and Development, Corporate Nursing
- Deputy Director of Nursing
- Senior Nurse Older People/Dementia, seconded from acute services

The team has been instrumental many areas including:

- Developing the assurance visit tool and co-ordinating the approach of the assurance visits including input from all key stakeholders.
- Developing a JISC survey tool for the assurance visits to give an overview of both HSCP level and pan Lothian outcomes and identify areas for improvement and support.
- Updating and developing the assurance tool for the second round of assurance visits and recording this on JISC.
- Developing a JISC survey for the care home experience over the last year and using the evidence from this to prioritise and drive support going forward.
- Supporting and leading the dissemination of new information from all stakeholders to care homes.
- Developing the care home website to improve communication and ensure the most up to date information is readily available.
- Leading various groups relevant to enhanced oversight responsibilities.
- A conduit for improvement, change and information sharing locally and nationally.
- Programme and project management
- Administrative support

Assurance visits

A key requirement of the Cabinet Secretary letter on 17th May 2020 was for the Executive Nurse Director to set up a system and process for a supportive visit in each older people care home in the Board area. A Supportive Visit Assurance Tool was developed by the Care Home Programme Team in consultation with stakeholders in the HSCPs, Care Inspectorate and Scottish Care. The tool was based on the principles of support rather than scrutiny and focussed on three elements: infection prevention and control, health and care needs during the Covid-19 pandemic and workforce.

There were two components to the tool and process:

1. Self-assessment by the care home manager for each of the three elements based on open questions on what had worked well and what could be better/could have been improved.
2. An assurance tool with the following criteria.
    - Infection Prevention and Control (37 criteria)
    - Health and Care Needs during the Covid-19 (26 criteria)
    - Workforce (9 criteria)

Supportive Visits

The supportive visits were undertaken by the HSCP Care Home Support Teams with involvement of a range of other HSCP staff with experience of the older people care homes

Following the visit there was verbal feedback with the care home manager followed by the issue of a written report and agreed action plan. Each HSCP had their own internal governance process for review of the reports and follow up of action plans.

All reports were submitted to the Care Home Programme Review for entry into an online survey tool that identified the HSCP but not the individual care home. This permitted collation of findings and identification of themes and recommendations for ongoing support. The key themes were:

- Environment of care
- Infection prevention and control
- Waste management
- Laundry services
- PPE
- Resident's health and wellbeing – including walking with purpose
- Social isolation/activities
- Recognising deterioration/escalation process
- End of life care
- Falls
- Food, fluid and nutrition
- Skin/pressure care
- Education
- Staffing
- Staff wellbeing

A second round of assurance visits is underway.

Supporting Care Homes

New and enhanced elements to support care homes

The new responsibilities placed on NHS Boards build on existing HSCP infrastructure as well as those provided by key agencies such as the Care Inspectorate, Scottish Care and Scottish Social Services Council (SSSC).

NHS Lothian has instituted a number of elements to extend this care home support. These include:

- provision of mutual aid staffing support through the Staff Bank
- co-ordination of contact details for weekend cover
- introduction and analysis of supportive assurance visits
- provision of support to the Care Inspectorate when undertaking unannounced inspections
- provision of secure email accounts
- establishment of Care Home Website Group
- establishment of Care Home Reference Group
- establishment of pan Lothian HSCP Care Home Support Team meeting
- establishment of Care Home Education and Training Group
- initial scoping work for the establishment of a Care Academy
- workforce development planning including the expansion of the infection prevention and control, tissue viability, clinical education teams
- establishment of a Care Home Improvement Team
- outbreak management
- community outreach testing team

Working Groups

Care Home Website Group

Communication with care home managers and other staff was identified as an essential component of the care home programme support. There was also a recognised need of co-ordinating the care home programme support activities with existing specialists who provide specialist clinical care to care home residents. A decision was made to set up a Lothian care home website.

A short life working group was established in September 2020 to identify the website content and structure. The website (https://services.nhslothian.scot/CareHomes/Pages/default.aspx) has continued to evolve and develop after being launched in October 2020. It is maintained by the Care Home Programme Team and updated on a very regular basis to include the following information identified in figure 6

Figure 6: Webpages Poster/Information

-

Working Groups

Care Home Reference Group

In order to ensure that the work of the NHS Lothian Care Home Programme Support meets the needs of care home managers and HSCP partners, a Care Home Reference Group was established and met for the first time on the 16th of November 2020. The Group focuses on a collabotayive approach through discussion and consultation on key topics such as:

- Supportive visits assurance tool
- Care Home Review Report
- Care home website
- IPC support checklist
- Professional to professional escalation to NHS24

Pan Lothian HSCP Care Home Support Team Meeting

Partnership Care Home Support Meeting. This meeting is held every four to six weeks and is a supportive forum where the leads of the four HSCP care home support teams meet with the Clinical Education and Quality Improvement and Standards Teams. This meeting offers a chance to network, share learning and developments and reflect and support each other.

Care Home Education and Training Group

In the early part of the pandemic a webpage was set up by the NHS Lothian Clinical Education Team to provide education and training relating to the Covid-19 pandemic. Given the range of education and training opportunities available from the clinical education team and other specialist practitioners a Care Home Education and Training Sub Group was set up in November 2020.

There have been monthly meetings which have focussed on scoping the wide range of education and training opportunities in order to develop a structured approach to dissemination of information via the care home website.

There has also been opportunity for sharing information between specialists, educators, the HSCP care home support teams and care home managers.

COVID-19 Vaccinations

The Chief Medical Officer letter dated 4 December 2020, identified 3 key objectives for the vaccination programme

- To commence the COVID-19 vaccination programme in line with Joint Committee on Vaccination and Immunisation (JCVI) prioritisation.
- To protect those most at risk by achieving high vaccine uptake amongst the first priority groups.
- To make best use of the limited initial doses of vaccines available, recognising the particular requirements relating to the vaccine, as set out in conditions of authorisation

Care homes across Lothian had been at the frontline of the pandemic reporting up to 53% (residents/staff) of all population positive cases in the first 4 months of the pandemic. Older age care homes have seen a significant impact, with 93% of all Care Home positive cases. Care home residents are at high risk of catching Covid-19 due to the age of residents and higher level of frailty with a poorer outcome compared to the wider population. The risk of spread is higher due to the environment, footfall of staff, some residents walking with purpose and healthcare professionals required to enter premises to provide essential care and assessment.

The number for Care Home staff and Care Home residents with Lothian was estimated to be 6000 and 4250 respectively. Due to the fluid nature of people leaving and joining employment and for residents joining and leaving care homes these numbers are estimates.

Pfizer vaccine was the only approved vaccine when vaccination began within the care homes in December 2020. Vaccination teams from the HSCPs visited care homes from December 2020 to the present to vaccinate staff and residents. Staff were also offered a choice to book themselves into a staff clinic being run at vaccination centres.

Figure 7 shows the prevalence of first dose (green) and second dose (purple) through the months from December 2020 to May 2021 for residents with in Care Homes

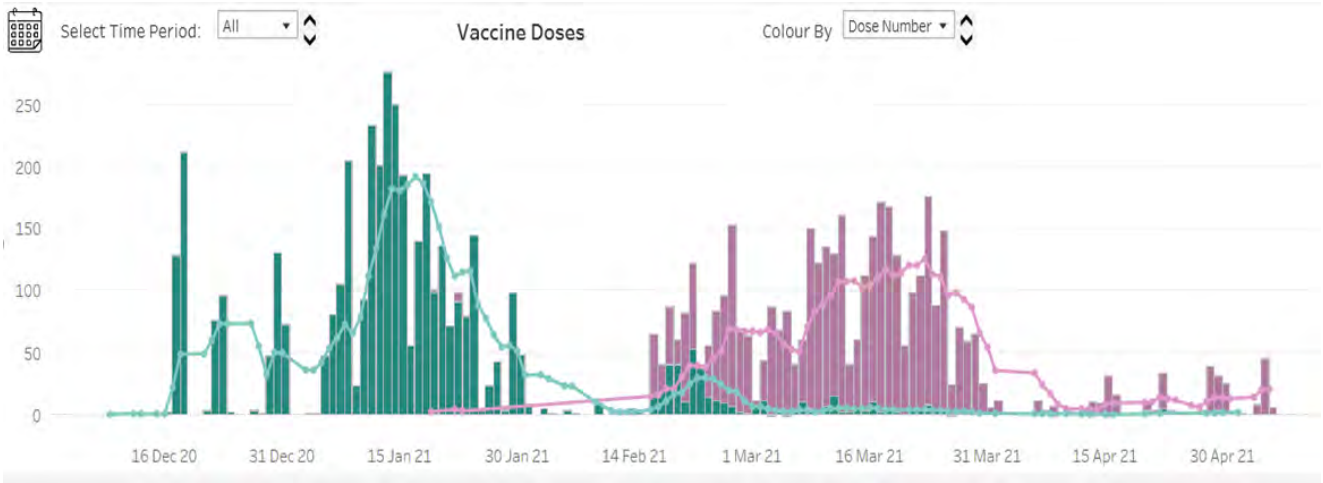


Figure 7: Residents Vaccination

COVID-19 Vaccinations

Figure 8 shows the prevalence of first dose (green) and second dose (purple) through the months from December 2020 to May 2021 for residents with in Care Homes

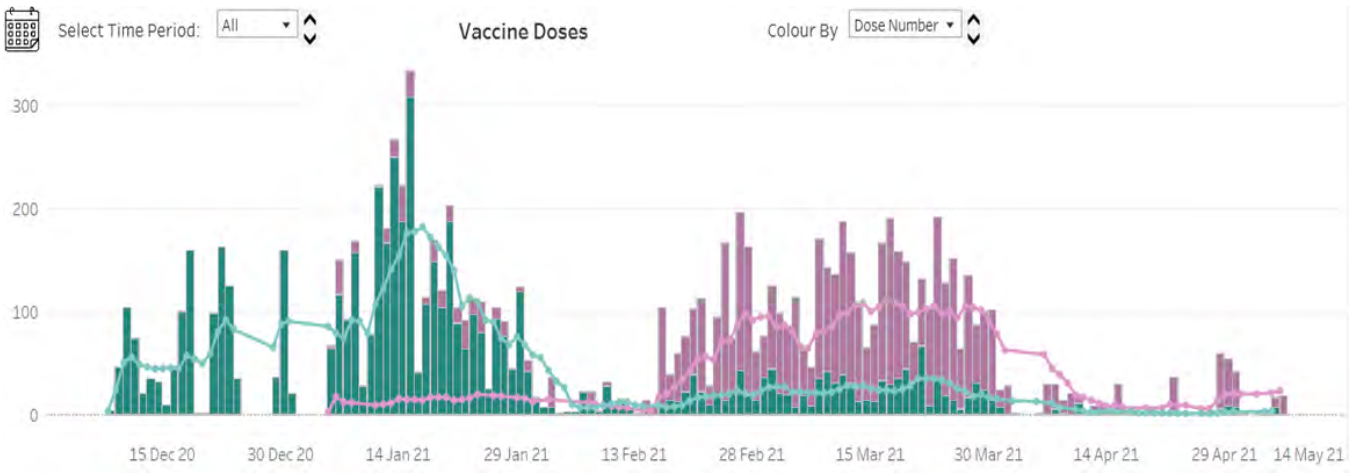


Figure 8: Care Home Staff Vaccination

As vaccination proceeded at pace, risk assessments were carried out for vaccinating in care homes that had Covid within the care home. The risk assessment was carried out by the HSCP and the Health Protection Team. Factors included:

- There are no other homes without an outbreak that could be vaccinated first.
- There are residents eligible for vaccination in line with Green Book requirements. That is:
  - Residents who are Covid recovered (i.e. confirmed positive ≥14 days ago with clinical improvement/apyrexial in the absence of antipyretic etc)
  - Residents who are not deemed proximity contacts of a confirmed case
- The care home has a laboratory confirmed outbreak
- The HPT are content that all outbreak control measures required are in place and robust (e.g. PPE, environmental cleaning, ventilation, case & contact management)
- Ensuring those who have had a positive Covid test within previous 4 weeks are not vaccinated

Vaccination of first and second doses was completed at all care homes within Lothian by April 2021. However a mop up exercise continues to vaccinate those who could not be vaccinated during the vaccination team visits, due to illness, new residents, new staff etc.

Due to the difficulty in calculating the denominator for staff and residents within care homes due to the fluid nature of residency and employment the following is an estimate for vaccination completion as of May 2021.

Residents

- 1st dose = 98.5%
- 2nd dose = 91%

COVID-19 Vaccinations

Care home staff

- 1st dose = 90%
- 2nd dose = 79%

Vaccine hesitancy

Vaccine hesitancy has been defined by the World Health Organisation (WHO) as a 'delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence'.

Attitudes towards vaccination can be classified as:

- those willing to be vaccinated;
- those unsure and/or wanting more information, i.e. the vaccine hesitant and;
- those who will definitely refuse a vaccine (anti-vaxxers).

Within NHS Lothian a Vaccination Hesitancy Group was established to address any issues and ways that hesitancy could be mitigated. Further actions include:

- Developing and maintaining the NHS Lothian care home website has helped to overcome some issues of hesitancy arising from people not knowing how to access the vaccine and/or having reliable, up-to-date information on the vaccine/side effects etc. And this includes having vaccine information available in different languages/formats.
- The programme offering staff vaccinations in care homes alongside resident vaccinations has also addressed some of the hesitancy arising from convenience/accessibility of the vaccine.
- Scottish Care hosted an online vaccine webinar with Q&A in January 2021 that was attended by Prof Jason Leith, National Clinical Director and Dr Syed Ahmed, Senior Medical Officer.

Care Home Mutual Aid

NHS Lothian Provision of Supplementary Staffing

From May 2020, NHS Lothian provided an agreement to provide mutual aid to care homes to support during the COVID 19 pandemic. A clear demand and escalation process was agreed and implemented (Figure 9)

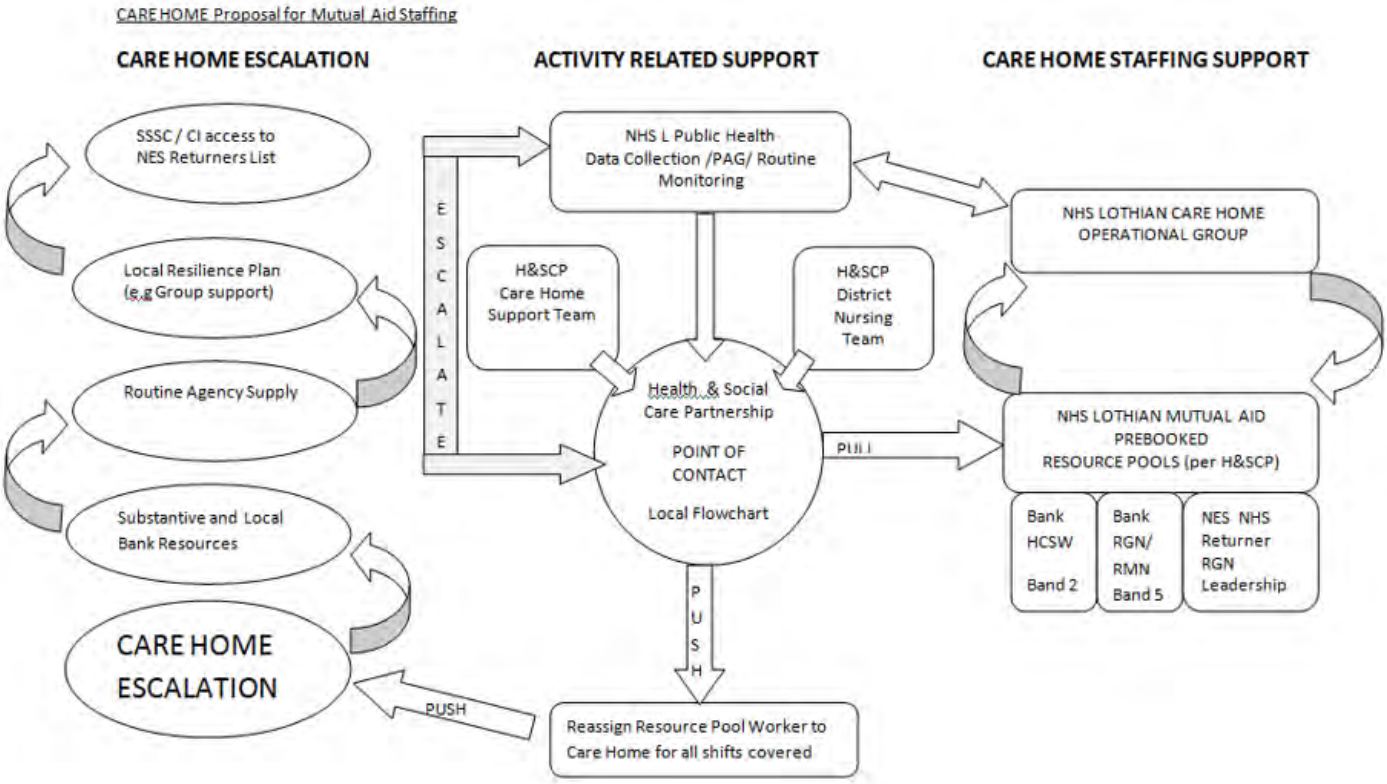


Figure 9: Care Home model for Mutual Aid Staffing

Over this period of time 1591 shifts were requested for both registered and unregistered nurses and 809 shifts were filed at a cost of £170,174 (Table 6)

		Filled Hours								
		Bank Filled			Agency Filled			Overall Fill Rate	Unfilled	
	Hours Requested	Hours	%	Cost	Hours	%	Cost		Hours	%
Quarterly Summary										
Quarter 1	3505.50	3505.50	100.00 %	£68,759	0.00	0.00 %	£0	100.0 %	0.00	0.00 %
Quarter 2	2722.75	2699.75	99.16 %	£55,491	0.00	0.00 %	£0	99.2 %	23.00	0.84 %
Quarter 3	7385.25	1360.75	18.43 %	£31,369	0.00	0.00 %	£0	18.4 %	6024.50	81.57 %
Quarter 4	5020.00	561.50	11.19 %	£14,555	0.00	0.00 %	£0	11.2 %	4458.50	88.81 %
Totals	18633.5	8127.5	43.62 %	£170,174	0	0.00 %	£0	43.6 %	10506	56.38 %

Table 6: Associated Bank Costs

Mutual Aid

Demand aligned itself with the Waves of the pandemic. During Wave 1 fill rates were good, with all demand being met. Specific staff were identified to support from a variety of settings to focus on Covid-19 related activity therefore demand for supplementary staffing across NHS settings settings was lower. We also had a large cohort of student nurses available over the summer months. As we moved into Wave 2, demand increased across the whole system including care home mutual aid however the remobilisation of staff and students to substantive positions had a negative impact on availability of supplementary staff availability to meet the demand (Figure 10).

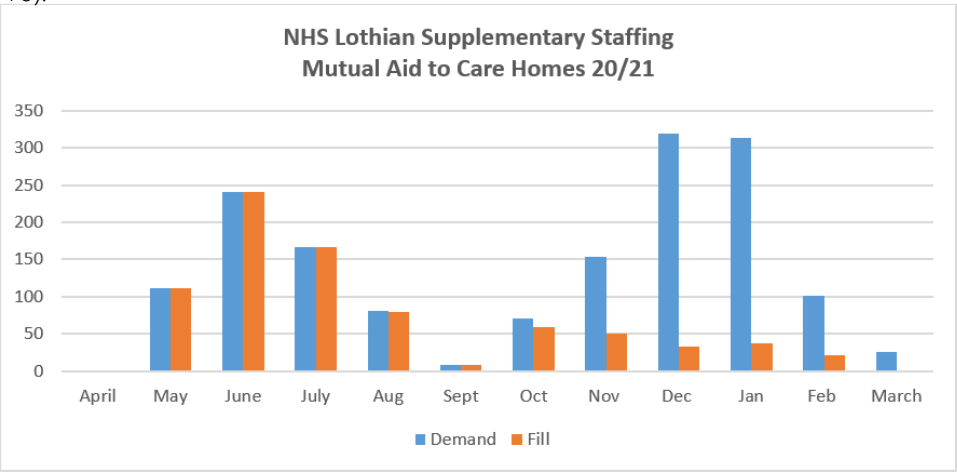


Figure 10: Demand and Fill by Shift

Building on experiences throughout the Covid-19 pandemic and the opportunity for care homes to accept mutual aid from NHS Lothian Supplementary Staffing Service, it was felt that there was an opportunity for NHS Lothian to be a provider of bank workers to all sectors of Lothian Care Homes.

Project staff, staff side and management are working together to create a staff bank within Lothian whose purpose is to provide bank staff for care homes, resulting in a high standard of quality care, staff will be competent with the appropriate skills required to provide a level of care relevant to their grades to care homes

The programme's objectives are:

- Create staff bank
- Provide staff who are competent and trained
- Comply with care home legislation
- Meet expectations of care homes

During initial scoping the primary focus will be to create a staff bank for Local Authority owned care homes in the first instance.

Education and Training

NHS Lothian Clinical Education Team

NHS Lothian Clinical Education Team (CET) started to offer training and support to care homes working collaboratively with the HSCPs, Care Home Support Teams and existing local authority learning and development teams. Staff within the existing CET establishment were identified to support timely and consistent education and training to the care homes across Lothian.

During 2020 input from this team was mainly responsive to action planning following supportive visits, Care Inspectorate visits and as part of outbreak management. CET facilitators provided education resources and face to face education sessions to care home staff relating mainly to IPC and PPE. Any concerns regarding visits were highlighted at the HSCP huddles and the Pan Lothian Operational meeting.

Resources relating to IPC education and training were hosted on the Care Home Website and a generic email address was set up for queries and requests to allow prompt contact, planning and delivery of education sessions. Both these resources were promoted to all care homes in Lothian and any requests for specialist education were signposted to the relevant NHS Lothian team.

CET established a dedicated resource for the ongoing support of Care Home education by appointing a Team Leader and 3 Clinical Practice Facilitators in January 2021. January to March 2021 saw the decline of outbreaks within the care homes and an increase in requests via the generic email address for wider education, as well as IPC/PPE requests, including clinical skills training, vital signs, tissue viability & person-centred documentation (Figure 11)

Subject	Number of care homes requesting sessions.	Comments
ICP/PPE	10	Multiple sessions per request
Waterlow scoring/ skin bundles	9	Multiple sessions per request
Introduction to Dementia Sessions	3	
Person centred documentation	1	6 sessions for 1 care home
Vital signs/NEWS2	6	Multiple sessions per request.
Clinical Skills catheterisation, confirmation of death, syringe driver, venepuncture, ECG	6	Staff booked on study session.
Capacity and consent	1	

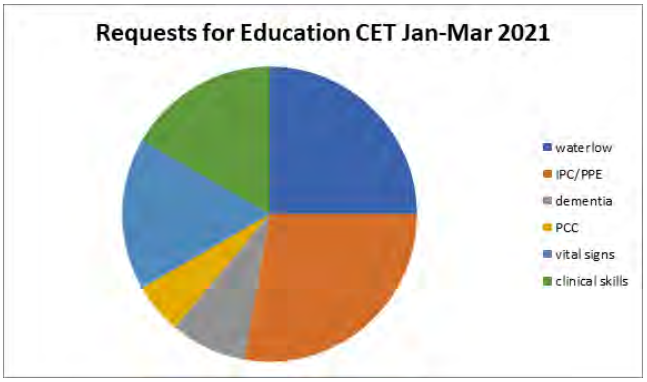


Figure 11 - Education requests and sessions delivered

Care Home Experience

Reflecting Back, Thinking Ahead Survey

The Care Home Programme Team undertook an online survey (using JISC survey tool) in April 2021 to collate feedback over the last year from care home managers and deputy managers in Lothian in 107 older people care homes. 72 responses were received from across the four HSCPs; 54 were managers, 7 deputy managers and 10 'other', which included residential workers, social care workers and group managers. If the care home manager are taken as a proxy measure of the number of individual care homes submitting a response, the response rate is estimated to be approximately 50%.

Key findings

- Over all, the responses indicated that most staff who completed the survey had rated the services they were asked about as satisfactory to very satisfactory. Those who had received advice or support had over all found this helpful to extremely helpful.
- Many of the comments that expressed concerns or highlighted issues were around the impact of the extra workloads involved in care homes already under pressure some indicated dissatisfaction with information whether it was overload or lacking in clarity.
- Many spoke about time being a factor for example in waiting for test results or trying to book staff for vaccinations.
- Those who responded also felt restrictions and isolation impacted negatively on residents. Staff indicated that in the future they would like to have more training and support on people living with dementia in care homes and stress/distress.
- They also reported that more education around the wellbeing of staff and how best to support staff would be welcomed as well as the wellbeing of residents.

The findings of the survey are pan Lothian and have been used to form the basis of the report "Reflecting Back, Thinking Ahead"; the individual partnerships will receive their own copy of the findings from the survey relating to their own areas. The report will also be shared with Care Homes and with the Executive Nurse Director as well as other key stakeholders.

Expected outcome

Each of the four HSCPs will have access to the full findings for their HSCP and it is expected that they will be key to taking any actions forward. The positive feedback, concerns and issues that have arisen during the last year and reflected in the survey will support corporate decision making regarding areas for improvements and changes going forward.

Wellbeing

Existing specialist services for care home resident mental health and behaviour support

Lothian had existing specialist psychology-led multidisciplinary teams in three of the four HSCPs as part of local Older People Mental Health provision in place prior to COVID-19 pandemic. All three teams; Edinburgh, Edinburgh Behavioural Support Services (EBSS); West Lothian – West Lothian Psychological Approach Team (WeLPAT); East Lothian – East Lothian Care Home Assessment Support & Education team (EL-CHASE) have qualified psychology and mental health nursing, with two of the teams having assistant psychologist practitioners and/or specialist occupational therapy staff. Midlothian do not have a psychology led service at present. A core remit of these teams was to provide direct assessment and needs led formulation interventions and case management for distressed behaviour in people with dementia; care home staff training programme, including leading on the delivery of the NHS Education Scotland (NES) Essentials in Psychological Care Dementia training; drop-in/consultation clinics to support early & proactive strategies and support.

Pre-pandemic, a large proportion of each team's clinical, support and education work was front facing and in situ. Due to staff and access restrictions, each team had to move to use of virtual/remote delivery for clinical support. Not all levels of intervention can be effectively provided this way, increasingly a hybrid approach of in situ visits and remote delivery has been adopted. Translating existing training workshops into alternative formats for small scale or remote delivery was challenging, although staff release and availability and other competing demands were key issues. WeLPAT has recently been successful as a pilot site for the NES remote version of the Essentials programme, increasing options for care home staff with computer access to attend this level of stress & distress training.

Psychology and mental health nursing staff in EBSS developed a Caring for People with Dementia – Covid-19 resource pack including a range of brief resource guides for care staff on topics such as walking with purpose, meaningful activity during restrictions, settling in, having conversations about Covid-19. These were widely disseminated to all care homes directly and added to the Care Home Website and relevant Scottish Care, Health Board and HSCP sites. Other Health Boards and NHS Trusts have requested to use this Resource Pack.

Psychology Leads in the Edinburgh and East Lothian teams provided psychology representation to relevant groups e.g., Care Home Education and Training and local care home huddles. The Professional Lead for Older Adult Psychology is a co-opted member of the Strategic Oversight Group.

Staff wellbeing & support developments

- Specialist care home psychology staff compiled a Wellbeing Resource Pack of original and recommended resources specifically aimed at supporting care home managers and staff. These were widely distributed across the mediums above and accompanied by a visual aid/poster.
- Psychology Leads in each specialist care home team offered support calls to their local CH managers. Frequency and content was needs led, although a core theme was managers discussing staff and personal wellbeing.
- The NHS Lothian Here4U Helpline, staffed by psychology practitioners, has been available to all Health & Social care staff including those working in care homes, since March 2020. This offers individual consultation, with follow-up and/or signposting for support aligned with the principles of Psychological First Aid.

Wellbeing

- A collaborative funding bid secured funding from Edinburgh & Lothians Health Foundation and Scottish Government to establish and expand staff support services available. A dedicated staff support psychology team has recently been recruited (March 2021) and a programme of work alongside existing partnerships and workstreams including HR/OD within NHS and HSCPs, peer support programmes is underway.

- 5% of Here4U Helpline calls up to Feb 2021 were from care home aligned staff. In March/April 2021, calls to Here4U or requests to the Staff Support Service rose to 11%. Themes included work pressure or stress, home/personal stress, physical safety concerns, resource or signposting queries and seeing difficult situations during work.
- Reflecting Back, Thinking Ahead survey: questions about care home resident and staff mental health and wellbeing support and development were included.

Scottish Government

The Scottish Government, National Wellbeing Hub is offering psychology led support to care home managers over the Spring of 2021.

Aims of the sessions are to support and explore:

- The impact of pressure, stress, grief and other possible psychological health issues on individuals and their wellbeing
- Tips for line managers on self-care and also how to support staff who might be showing signs of stress/ distress
- What support is available currently available and how managers can reduce barriers to access support

JISC Survey feedback on wellbeing and support

Figure 12 identifies the additional wellbeing support accessed by care homes over 2020/21

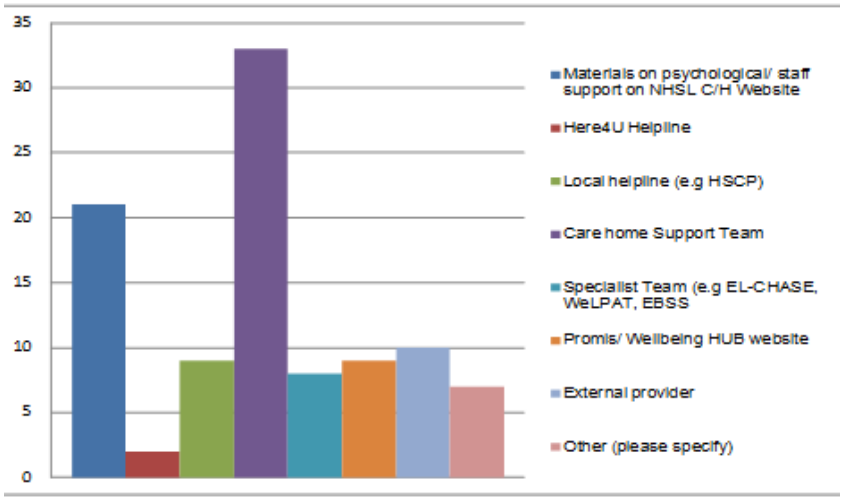


Figure 12: Additional wellbeing support accessed by care homes in Lothian (JISC survey May 2020)

Wellbeing

Online Supportive Conversations and Reflection Sessions

Background
In response to the pandemic, the previously established in-person Reflective Debriefing Sessions delivered to some Care Homes within Lothian needed to be delivered online. The remit of the sessions expanded from focussing on the death of a single resident within a care home to reflecting on the impact of multiple deaths in a care home.

Care Home Assurance visits and subsequent funding
Roll out of the OSCaRS was one of the main recommendations from the analysis of the Supportive Visits to Care Homes in Lothian. This has been supported by £99,000 from the Edinburgh and Lothian Health Foundation (ELHF), led by Dr Susan Shenkin, Clinical Senior Lecturer, University of Edinburgh & Hon Consultant Geriatrician, NHS Lothian. The funding includes a project manager and support for care home staff through OSCaRS, to train facilitators, to increase the availability of the sessions across Lothian, and for an evaluation of the service by Lucy Johnston at Edinburgh Napier University. The initial sessions, and training of the facilitators, is being done by Dr Jo Hockley and Dr Julie Watson, University of Edinburgh.

Where we are
Since the post funding launch in February, a Project Manager (0.5 WTE) has been recruited. Currently there are15 care homes from across Lothian actively engaged in the OSCaRS and several other homes have expressed interest, with the aim to engage with up to 50 Care Homes across Lothian.

Expected Outcomes
The OSCaRS offer a safe space for staff to talk about their experiences including around death and dying, be actively listened to, and have their experiences and feelings acknowledged and understood by their peers. Staff particularly appreciate that the sessions are facilitated by external practitioners with an understanding of care homes and expertise in palliative and end of life care. The benefits for staff and residents will come from working collaboratively and building relationships to embed recovery and empower longer-term resilience.

Finance and Resources

2020/21 Budget

The May 2020 change to the Executive Nurse Director's accountabilities resulted in a dedicated allocation of finance from Scottish Government to support NHS Lothian with the additional areas of responsibility. Table 7 highlights the costs for 2020/21 and deferral into 2021/22.

Care Homes - 20/21 Finance and Resources

Funding Source		20/21 Allocation £000's	Notes
	SG L9/786 ASC Nurse Director support IPC	960	
	SG L9/786 ASC Nurse Director support IPC deferred to 21/22	(960)	
	Non recurring NHS Lothian Nursing contribution to 20/21 costs	428	
	Total	**428**	

Expenditure	Description	WTE	20/21 Cost £000's	Notes
Pay	Care Homes Team	10.30	148	
	Care Homes Tissue Viabilty Team	5.00	0	
	Care Homes Education Facilitators	5.71	55	
	Care Homes Infection Control	2.80	42	
	Testing Costs - Staff Bank & Agency Costs	0.00	9	
	Mutual Aid Staff Bank & Agency Costs	0.00	169	Staff Bank support for local Care Homes struggling with staff shortages due to Covid-19 isolations. Support was arranged via the four Health & Social Care Partnerships
Non Pay			5	Majority of Non Pay costs were picked up centrally by NHS Lothian. Because of this, the cost shown may not reflect the entirety of Care Home related non pay expenditure in 20/21
	Total	**23.81**	**428**	
	(Shortfall)/Surplus		**0**	

Notes:
> Due to recruitment delays majority of these posts were not in place for the full 20/21 financial year
*> **Projected pay cost for 21/22 is £1.439m**, funding carried forward from 20/21 will therefore be fully utilised along with anticipated in year allocation*
*> The Non Pay Costs for 20/21 included the cost of laptops and travel. It is recognised that the £5k is not representative of the true non pay costs for this team, with much of the costs in 20/21 being covered by the central COVID funding. **The costs for 21/22 are currently being assessed.***

Table 7: NHS Lothian Care Homes Finance

Contributing Authors

Special thanks to the following stakeholders who have contributed to the content of this report

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Care Home Support Framework

June 2021

Contents

1. Purpose

This Care Home Support Framework presents the NHS Lothian and four Health and Social Care Partnerships' (HSCPs) response to the additional responsibilities for multi-professional oversight of all care homes, irrespective of their status (private, local authority or third sector) by Health Boards related to the Covid-19 pandemic. It specifically focuses on the period after May 17 2020 following the issue of the letter from the Cabinet Secretary[1].

The scope of NHS Lothian's role has been to add value to existing infrastructure, systems and processes and to provide assurance; it does not to replace existing responsibilities and accountabilities. The extent of this role has developed over time in response to further communication from the Scottish Government (section 2.2). The initial focus was on:

- Testing, outbreak management and ongoing surveillance
- Workforce requirements and supply of mutual aid
- Infection prevention and control, including PPE and cleaning requirements
- Education and training
- Supportive reviews

The Care Home Support Framework involves a multi-agency approach with a range of organisations that have long established relationships. These include Local Authorities, Health and Social Care Partnerships (HSCPs), Primary Care, Care Inspectorate, Scottish Care, Health Protection, Public Protection and Police Scotland.

The scope of this Framework is primarily related to the work supported by the Corporate Care Home Programme Team (section 3.1). It does include some detail of activity undertaken by other functions within NHS Lothian during this period, including outbreak management led by Health Protection; however, it does not provide a full record of their response and accountabilities.

This document has significant overlap with the Lothian Care Home Annual Report 2020/21 (May 2021), however includes additional operational detail and records of decision-making processes.

1.1 Lothian Care Homes

The requirements placed on the Boards were primarily focussed on older people care homes (n=109) but also extended to other types of care homes in Lothian, detailed in Table 1. The older people care homes are distributed across the four HSCPs and at the outset of this work included nursing (n=70) and residential facilities (n=40). Providers include private companies (from large organisations to small family run businesses), local authority and voluntary/not for profit organisations (Table 1).

[1] The initial pandemic response in the period March – May 2020 that was co-ordinated by the four HSCPs, Primary Care and Public Health is not detailed in this document.

Table 1: Lothian Registered Establishments May 2020[2] (source NHS Lothian Public Health Covid 19 Care Home Testing Summary Report)

Type of Care Home	Registered Establishments	Registered Places	Total Beds
Alcohol & Drug Misuse	1	10	10
Blood Borne Virus	1	10	10
Children & Young People	39	268	184
Learning Disabilities	26	161	150
Mental Health Problems	1	15	15
Older People	109	5214	4492
Physical and Sensory Impairment	9	67	65
Respite Care and Short Breaks	1	23	23
All	**188**	**5768**	**4949**

2. Background and Context

During the initial period of the Covid-19 pandemic (March – May 2020) NHS Lothian had put measures in place to provide additional support to care homes in the four HSCPs. This included the development of the Health Protection Enhanced Outbreak Response (EOR) (Section 5) and the introduction of a daily Care Home SitRep report on April 5 2021.

Each HSCP published its own Covid-specific care home action plan in April 2020 and the following pan-Lothian Groups were established in advance of the new responsibilities placed on Executive Nurse Directors on May 17 2020:

1. **Primary Care Tactical Group:** twice weekly meetings chaired by Director Primary Care and including Medical and Nurse Directors, Director Lothian Unscheduled Care Service, GP representatives, Pharmacy Co-ordinator; Public Health Consultants, Facilities Director, Primary Care Managers, Finance and Strategic Programme Manager.
2. **Care Homes Tactical Response Group:** weekly meeting from April 14 2020 chaired by Chief Officer East Lothian HSCP, Head Primary Care and Older People Services, Director of Nursing Primary Care, Chief Nurses, Health Protection Nurses, Public Health Practitioner, Service Manager Intermediate Care, Pharmacy, Communications and Care Inspectorate.
3. **Multiagency Operational Group:** established on May 6 2020 bringing together operational groups from the HSCPs and including Care Inspectorate and Scottish Care. This group transformed into the Pan Lothian Operational Group (section 3.2.2) on May 25 2020.

[2] These numbers have changed over time with a small number of closures of older people care homes plus one new care home. Occupancy levels of older people care homes have remained around 80% of registered places throughout this period.

2.1 Ongoing HSCP Arrangements

Each of the four HSCPs established and maintained similar governance and leadership arrangements to support their own care homes:

- Daily huddles/rapid rundowns
- Action logs
- Regular HCSP reporting governance reporting arrangements
- Integrated Joint Board reports
- Engagement with pan Lothian Operational Group and Strategic Oversight Group
- Monitoring and support to maximise the Safety Huddle Tool (TURAS) data
- Collation of Executive Nurse Director weekly return to Scottish Government
- Maintenance of risk register
- Care Home Forums

2.2 Timeline and Government Communications

The focus of this work has been guided by formal communication from the Scottish Government.

March 12 2020

Health Protection Scotland published its initial guidance COVID-19: Information and Guidance for Social or Community Care & Residential Settings. This document, which informed all local Health Protection advice, was updated on a number of occasions and was subsequently split into two:

- Information and guidance for care home settings (last updated 31/12/2020)
- Information and guidance for social, community and residential care (last updated 16/04/2021)

April 7 2020

Scottish Government published Clinical Guidance for all NHS staff working in the community and Health and Social Care Partnerships during Covid-19. The document was also intended to support planning and prioritisation of the workforce as part of the community and primary care resilience response.

April 16 2020

Letter from Chief Nursing Officer (CNO) to Board Chief Executives that all symptomatic care home residents should be tested.

April 17 2020

Letter from Chief Executive, NHS Scotland to Board Chief Executives. Directors of Public Health (DPH) to lead, plan, initiate, coordinate and provide a weekly report. Letter from Chief Medical Officer (CMO) to GPs re GP support to care homes.

April 20 2020

Letter from Interim Chief Executive NHS Scotland to Board Chief Executives on initial assessment of every care home and a programme of visits to every care home.

April 26 2020

HPS published first Information and Guidance for Care Home Settings

May 1 2020
Letter from Interim Chief Executive NHS Scotland to Chief Executive testing in care homes expansion. To be enacted by 4 May 2020. Letter from Scottish Government to DPH and Integrated Joint Board (IJB) Chief Officers regarding DPH weekly returns review and template.

May 14 2020
HPS publishes interim guidance on care home testing.

May 15 2020
The Scottish Government published an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic. This included updated advice on PPE, admissions and testing, strengthening advice on infection control, health care support for residents, caring for someone depending on their COVID-19 status, workforce, staff and resident wellbeing and mutual support for care homes.

May 17 2020
The Cabinet Secretary for Health and Sport issued a letter and further guidance on new and additional support and oversight arrangements for care homes to NHS Board Chief Executives, Local Authority Chief Executives, IJB Chief Officers, Local Authority Chief Social Work Officers, and NHS Board Directors of Public Health, Medical Directors and Nurse Directors. A variation to the roles and responsibilities of Executive Nurse Directors, effective from 18 May 2020 to 30 November 2020, specified accountability for the provision of nursing leadership, support and guidance with the care home sector. The guidance indicated that each Health Board and its HSCP colleagues should put in place a multi-disciplinary team comprised of the following professional roles:

- Director of Public Health
- Executive Nurse Director
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer

These senior leaders have responsibility and accountability for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during the pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed.

May 20 2020
The Interim Chief Medical Officer wrote to encourage Health Boards to secure the involvement of geriatricians in supporting the medical care of older people in care homes, which is traditionally the responsibility of general practitioners.

Stage 2 amendments to the Coronavirus (Scotland) (No.2) Bill made provision for emergency intervention orders in the case of failing care homes, which could have significant impact on NHS staff resource, potentially compounding the existing pressure on medical and nursing teams.

September 21 2020
The Cabinet Secretary wrote to Executive Nurse Directors to announce that the variation in their roles and responsibilities would be extended to June 30th 2021. This includes accountability for

provision of nursing leadership as well as support and guidance in care homes and care at home sector.

January 15 2021
The NHS Scotland Chief Operating Officer and Director of Mental Health and Social Care wrote to Board Chief Executives 'Promoting Partnership – Support for care Homes and Delayed Discharge Winter 2021'. The letter emphasised the need for ongoing to support to care homes and social care more broadly in light of the emergency of the new Coronavirus variant, significant outbreaks in care homes and a surge in presentations and admissions to hospital. The focus was to ensure a person-centred approach to ensure recipients of social care, including care homes, have access to care and treatment needed. Annex A of the letter included actions required to provide ongoing support to care homes that included:

- leadership at a local level
- IPC and care standards and practice in care homes
- resilience support for struggling/failing care homes and impact on residents and wider services
- GP and primary care support.

The Care Home Programme Team undertook an internal review of these aspects of support across the four HSCPs, which was completed on February 16 2021 (section 3.2.2.1b).

March 23 2021
The Cabinet Secretary wrote to NHS Board and Local Authority Chief Executives, Local Authority Chief Social Work Officers, and NHS Board Directors of Public Health and Nurse Directors confirming that the enhanced multidisciplinary arrangements would continue until March 2022. The letter outlined some variation in the extent and focus of these arrangements:

- ensuring care home residents and staff health and wellbeing
- monitoring, support and oversight to the return of routine activities such as visiting, in line with relevant guidance, while at the same time protecting residents
- planned and co-ordinated reintroduction of health, social care and other services in are homes
- ensuring the scope of interest is extended to wider adult social care provision
- monitoring sustainability and resilience of the social care sector as it adjusts to new business as usual; and
- taking account of the Independent Review recommendations that oversight, through the use of the safety huddle tool, support a partnership-based approach to ongoing improvement in care homes.

2.3 Care at Home
The original letter from the Cabinet Secretary on 17 May extended the new arrangements to Care at Home as well as Care Homes and this was reiterated in the 21 September letter. A letter from the Chief Nursing Officer (CNO) on 15 June 2020 provided the following clarification in relation to Care at Home:

"With regards to Care at Home services the Nurse Director is not accountable for the care being provided by external providers to those receiving packages of care in their own home. What we would expect to see is that where clinical and professional nursing leadership and input is required, then the Executive Nurse Director would have a professional advisory role; otherwise if it is all

social care then that is clearly a matter for the Chief Social Work Officer within Councils and the Chief Officers of the Integration Joint Board".

Care at Home was not initially included in the regular governance discussions (section 3.2). In September 2020 the Care Inspectorate published a report on the pandemic response in care at home and housing support services and each Partnership undertook an internal review in relation to the 16 recommendations and the findings from East Lothian and Midlothian were shared with the Lothian Care Home Strategic Oversight Group (section 3.2.1) in October 2020, whilst Edinburgh and West Lothian dealt with this within their respective HSCPs.

2.4 Extension of oversight in response to outbreak activity

Following the rise in community prevalence of Covid-19 from November 2020 onwards there were increasing outbreaks in care at home services, as well as other non-older people care homes and residential services. An SBAR identifying this situation with recommendations for oversight, support and community testing was approved by SOG on February 2 2021 (section 3.7). This confirmed that oversight of outbreaks in care at home and other social care services would be reviewed at the daily Care Home Operational Group (section 3.2.2) and any escalations and requests for support will be made as appropriate. This became routine practice from this point forward, leading to specific work being undertaken in learning disability services (section 3.7.1)

2.5. Lothian Older People Care Home Profile

Whilst the Care Home Support Framework may be applied to all care homes in Lothian (Table 1), the main focus for proactive support has been with those involved in the care of older people. It is estimated that there are around 4,800 residents in 106 older people care homes[3]. The distribution across each HSCP and type of provider are presented in table 2. Edinburgh HSCP has 60% of all older people care homes in Lothian.

Table 2: Distribution of Older People Care Homes in Lothian by HSPC and Provider (April 2021)

	Private	**Local Authority**	**Voluntary/Not for Profit**	**Total**
East Lothian (Nursing)	11	2	0	13
East Lothian (Residential)	4	2	1	7
Edinburgh (Nursing)	30	0	4	34
Edinburgh (Residential)	10	9	8	27
Midlothian (Nursing)	6	1	1	8
Midlothian (Residential)	0	1	1	2
West Lothian (Nursing)	12	0	0	12
West Lothian (Residential)	0	4	0	4
Total	**73**	**19**	**15**	**107**

[3] At the outset of this programme there were 109 older people care homes in Lothian. Five care homes have closed during this period and one has opened.

3. Governance Framework

The initial details of the governance of care homes were communicated to the Chief Nursing Officer in a letter on June 1 2020 (Appendix 1).

3.1 Programme Support

A Care Home Programme Team was put in place on 18 May 2020 under the direction of the Executive Nurse Director, and led by the Nurse Director Primary Care. Following some initial secondments, two of the posts were made substantive in November 2020 and a temporary administrative assistant was appointed in November 2020. This post was made substantive as a Project Support Officer in April 2021

- Lead Nurse Quality and Standards in Care Homes 1 WTE
- Programme Manager 1 WTE
- Administrative Assistant 0.8 WTE

The Programme Team has also been supported by:

- Chief Nurse Research and Development, Corporate Nursing 0.6 WTE[4]
- Senior Nurse Older People/Dementia, seconded from acute services 1 WTE

In line with the ongoing oversight arrangements and funding from the Scottish Government this Care Home Programme Team has been expanded and a new infrastructure put in place from April 2021 (Section 4.11.1).

The Care Home Programme Team instituted a weekly report on June 15 2020 for distribution to all key stakeholder in the strategic and operational structures (section 3.2), utilising local intelligence and data from the national Turas Safety Huddle (section 3.6.1). This report was moved to be issued every two weeks in March 2021.

3.1.1 Programme Data Management

All documents and data relating to the Care Home Programme Team have been catalogued in a secure shared drive \\sjh-app1\Shared\CareHomeCovid19\Care Homes - covid19. Minutes and action logs for all strategic and operational meetings are included in these records.

3.2 Strategic and Operational Structures

Two groups were established week of May 18 2020:

- Care Home Strategic Oversight Group, weekly meetings chaired by Executive Nurse Director (Terms of Reference and Membership Appendix 2)
- Pan Lothian Operational Group, daily meetings (Monday-Friday) chaired by Director of Nursing Primary Care or one of the senior nurses in the Care Home Programme Team (Terms of Reference and Membership Appendix 3).

3.2.1 Strategic Oversight Group

The role of this group is to:

- Provide oversight and professional scrutiny in relation to infection prevention and control standards across all care homes in Lothian.
- Agree a set of agreed metrics that will be used for weekly oversight of care standards.

[4] This level of support was in place from May 2020 – May 2021 and has subsequently reduced to 0.2 WTE with the focus being placed on research and dissemination of learning.

- Provide oversight, professional leadership and support in relation to clinical and care governance standards.
- Seek assurance through the Pan Lothian Operational Group that meets daily, and through them the individual partnership huddles that local intelligence and data is being used to ensure that there is a clear line of sight to each care homes in their partnership area.
- Provide assurance to the Strategic Management Group that there is a robust system in place in relation to care homes.

Through the Oversight Group the Chair provides assurance to the NHS Lothian Healthcare Governance Committee and the NHS Lothian Board through briefings and appropriate reports. Chief Officers will also as required take briefings and reports to their respective Integrated Joint Boards.

The Strategic Oversight Board receives and considers reports and presentations relating to Covid-19 in care homes from subject specialists, including NHS Lothian Public Health and University of Edinburgh.

The Strategic Oversight Group has met weekly since May 26 2020, moving to fortnightly meetings after the meeting on March 15 2021.

3.2.1.1 Care Home Reviews
During this period there have been two main reviews undertaken across the four HSCPs in response to directives from the Scottish Government

3.2.2.1a Care Home Review: A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland
In October 2020 Scottish Government published their review into the findings of a root cause analysis review in four care homes that had experienced Covid-19 outbreaks that heralded the second wave of the pandemic. In this review 15 areas for consideration were identified of which 14 included recommendations. An SBAR highlighting the importance of this report was submitted to Gold Command on November 4 2020, which also highlighted recent emerging evidence on care home outbreaks and the Adult Social Care Winter Preparedness Plan (Appendix 4).

The Care Home Programme Team developed a report 'Care Home Review – Lothian Assessment and Action Plan' (Appendix 5) that involved engagement with each HSCP and other Stakeholders including the Care Home Reference Group (section 4.7). The report included:

- An assessment of current mitigation factors, intelligence and associated factors
- An indicative RAG rating (Red – recommendation not met, Amber – recommendation partially met, Green – recommendation met) that was agreed with key stakeholders.
- Stakeholder interviews were undertaken and written feedback received which has been incorporated in the assessment, notes and RAG rating.
- The indicative RAG rating for each consideration/recommendation was agreed as follows:
  - Red (n=0) – recommendation not met
  - Amber (n=20) – recommendation partially met
  - Green (n=2) – recommendation met
  - Out with scope (n=18)

The report was reviewed and approved at SOG on December 18 2020 with the agreement that:

- Any gaps identified and follow up actions will be addressed by the Care Home Programme Team and relevant stakeholders.

- Progress will be reviewed and recorded regularly at the Strategic Oversight Group.

3.2.2.1b Promoting Partnership – Support for Care Homes

Following the publication of the letter 'Promoting Partnership – Support for Care Homes and Delayed Discharge Winter 2021' on January 15 2021 (section 2.2) the Care Home Programme Team undertook an internal review of 14 elements that had been identified in Annex A. This covered the four HSCPs as well as the corporate infrastructure (Appendix 6) and provided detailed insight into existing infrastructure, systems and processes and included future planning for ongoing support.

3.2.2 Pan Lothian Operational Group

The role of this group is to:

- Identify, review and discuss all suspected and confirmed outbreaks of Covid-19 in older people care homes. This includes:
  - Health protection contact and co-ordination of Problem Assessment Groups (PAG) and Incident Management Teams (IMT)
  - Co-ordination of community outreach testing in the event of a confirmed or suspected outbreak
  - Specific requirements and requests for input from specialist teams such as Infection Prevention and Control and Clinical Education
- Provide feedback of current staffing levels at care homes and raise or escalate concerns that require the provision of mutual aid
- Provide feedback of progress and outcomes of supportive visits at each partnership. Escalations to be raised and any actions that require attention
- Provide feedback on any PPE concerns at care homes and escalate were appropriate
- Raise and address any issues concerning Infection Control
- Ensure effective communication with external agencies such as Scottish Care and the Care Inspectorate
- Provide oversight and any agreed response in the event of a Covid-19 outbreak to non-older people care homes, community and residential services (from February 2021)

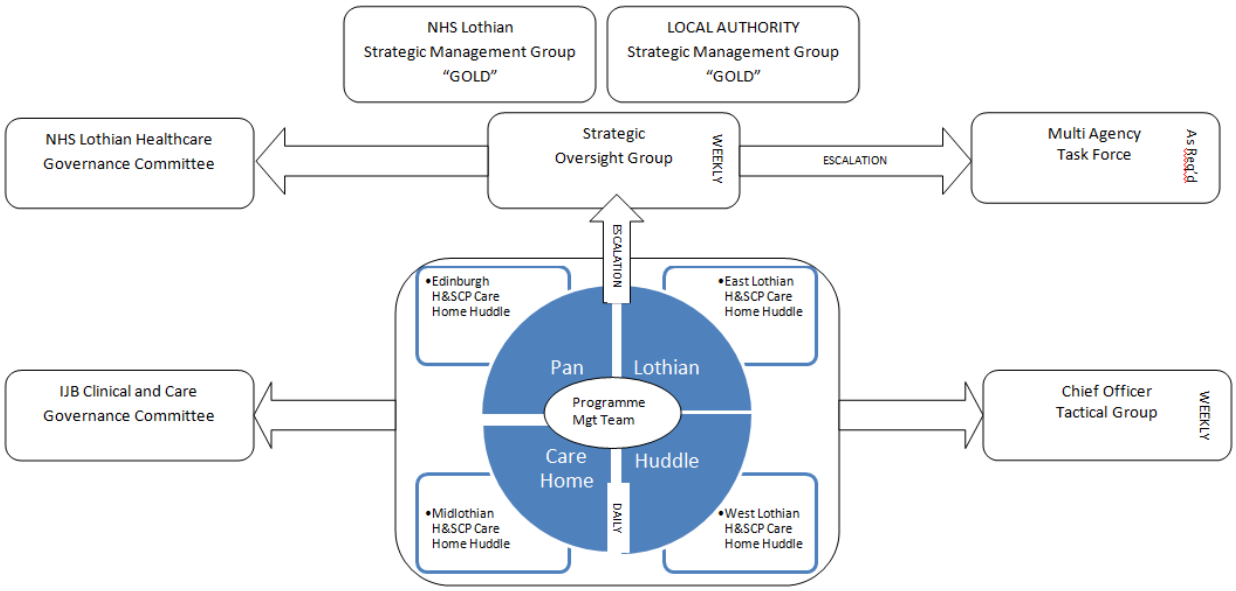
The Operational Group has continued to meet during this period with some variation in frequency, in response to changes the outbreak situations:

- May 25 – August 7 2020 - Daily
- August 10 – August 21 2020 – (Monday, Wednesday, Friday)
- August 24 2020 – February 26 2021 - Daily
- March 01 2021 –April 23 2021 – three times per week (Monday, Wednesday, Friday)
- April 26 2021 – present – twice per week (Monday and Thursday)

3.2.3 Escalation

Figure 1 outlines the governance and escalation arrangements from each HSCP that were established in April 2020 to standing organisational committees, Covid-19 strategic management groups and the provision, where necessary, for the establishment of a Multi-Agency Task Force (section 3.2.4).

Figure 1: Lothian Care Home Governance and Escalation



3.2.4 Multi-Agency Task Force Group

The Multi Agency Group is a Chief Officer led group convened in the event of an intervention being recommended or where risks and issues could not be resolved elsewhere (Appendix 7).

The group is scenario driven with two main scenarios evident that will call for the group to take action.

- There is a risk that owners of a care home will walk away from the responsibilities of running the care home.
- There is an active and consciences decision from the partnership to discuss the possibility of taking over responsibilities of the running of a failing care home.

Both these scenarios can be driven by escalation from the Pan Lothian Operational Group via the Strategic Oversight Group or through the Partnerships

The Multi-Agency Task force Group role is to:

- Provide a point of escalation for the Strategic Oversight Group where risks and issues cannot be resolved
- Convene to discuss the scenario of a care home failing
- Convene to discuss the possibility of care home owners walking away from responsibilities of the home and the consequences there off.
- Provide a platform for multiple agencies to discuss said scenarios
- Agree legislation and authority of actions to address scenarios
- Provide oversight and professional leadership and support in relation to clinical and care governance standards (within the care home and care at home context)

3.2.5 Escalation to the Care Inspectorate

In the event of a multi-agency task force being convened the Care Inspectorate is an integral member of the group. Routinely the Care Inspectorate is part of the ongoing discussions regarding

any care home that is a concern. Escalation to Care Inspectorate is via direct contact from the relevant stakeholder or via the Operational Group or Strategic Oversight Group.

3.2.6 Reporting to Scottish Government

An initial assurance on care homes was required to be reported to Scottish Government on April 24 2020 by the Director of Public Health.

The Scottish Government requested weekly submission of a report from the Director of Public Health on their assessment of outbreak management and support in each of the four HSCPs. This report, submitted to the Care Home Rapid Action Group covers:

- RAG rating of the position in each care home in relation to: outbreaks, PPE, IPC, staffing
- Judgement of overall performance of each care home
- Identification of care homes of immediate concern
- Care home clinical and care home professional support for each care home
- Any identified concerns
- Examples of good practice

This report was initially prepared and submitted by the Health Protection Team but responsibility was given to the Care Home Programme Team in June 2020. From March 7 2021 this report transferred for completion and issue from the Executive Nurse Director.

Where required the Scottish Government Care Home Rapid Action Group have sought more detailed information of support in place for individual care homes and regular meetings have been held with the Executive Nurse Director and other members of the Care Home Programme Team.

3.2.6 Healthcare Governance Committee

Reports have been presented to the Healthcare Governance Committee as follows:

- 30 June 2020
- 10 November 2020 (+ Board members briefing session on 19 November 2020)
- 12 January 2021
- 25 May 2021

3.2.6.1 Discharges to Care Homes Paper

The Lothian Analytics Team led a clinical audit and analytical investigation into hospital discharges to care homes during the first wave of the pandemic March – May 2020, prior to the implementation of routine testing of hospital patients prior to discharge after April 21 2020. Initial findings were presented at the Board on September 24 2020 followed by more in depth reporting and discussion at the Board member briefing session on November 19 2020 and presentation at the Public Board on December 9 2021.

Summary of process and key findings:

1. The examination of hospital testing was undertaken for 787 discharges to care homes which occurred between March and May 2020.
2. This found that testing in Lothian followed a similar pattern to that outlined by PHS in their national report published in October 2020, with the proportion tested growing over time,

particularly following the Cabinet Secretary's statement on 21st April 2020 on the requirement for testing.

3. The 787 discharges were analysed to determine the likelihood that they had introduced COVID into a care home. 41 were felt to warrant particular examination.
4. These 41 episodes, involving 38 patients as some patients had more than one discharge, were discharged to 21 care homes across Lothian. Further assessment narrowed the focus down to five discharges, each involving a different patient. All five occurred before the mandating of testing came into force in late April.
5. Once those deemed, through separate clinical review by Medicine of Elderly clinicians, as "unlikely" to have had COVID at time of discharge were set aside, the number of concern was reduced further, to less than five. Release of the exact number could not be published under statistical governance disclosure control. In each of these instances, the need to ensure isolation of the patient in the care home was documented, the basis for the overall conclusion in the Medicine of Elderly review regarding good communication with homes on this issue.

3.2.7 Annual Report

An annual report was prepared for the Healthcare Governance Committee meeting on 25 May 2021. It included feedback from care home managers obtained via an online survey issued on 15 April 2021. The survey was developed in consultation with a wide range of stakeholder and sought quantitative and qualitative feedback on the full range of supportive mechanisms put in place as part of the Care Home Support Framework. A full report 'Reflecting Back, Thinking Ahead' was finalised in May 2021 (section 4.13).

3.3 Roles and Responsibilities

Given the multi-agency approach within the Care Home Support Framework the Strategic Oversight Group developed and agreed the roles and responsibilities of all key stakeholder groups and individuals in June 2020. These have been reviewed and update on a regular basis (Appendix 8).

3.4 Principles of Working

An agreed set of principles were developed by both groups in recognition that care homes are not clinical settings but people's homes and that NHS Lothian's role is to provide and support assurance rather than to replace existing responsibilities and accountabilities (Appendix 9). The fundamental principles are those set out in the Health and Social Care Standards (Scottish Government, 2017) and these sit alongside the NHS Lothian Values (Table 3).

Table 3: Underpinning Principles and Values

Principles of the Health and Social Care Standards	NHS Lothian Values
• Dignity and respect • Compassion • Be included • Responsive care and support • Wellbeing	• Quality • Dignity and respect • Care and Compassion • Openness, honesty and responsibility • Teamwork

3.5 Risk

Covid-19 presents an ongoing risk to the health and well-being of care home residents and staff. This is because of the potential for community transmission of the virus to a vulnerable population and the requirements for staff to adhere to enhanced infection prevention and control and other measures within non-clinical environments. In this instance NHS Lothian has been given additional responsibilities for multi-professional oversight in organisations that they have no formal jurisdiction over; in addition to the small number of care homes under local authority provision, care homes can be under the ownership of small and large-scale private businesses as well as voluntary/charitable organisations. These factors present potential reputational, political and legal risks to NHS Lothian, particularly with the significant focus on the impact of Covid-19 in care homes across Scotland.

3.5.1 Corporate Risk Register

A formal entry to the NHS Lothian Corporate Risk Register (5034) was submitted to the Healthcare Governance Committee in July 2020 and subsequently updated in October 2020 and April 2021 (Appendix 10).

3.5.2 Care Home Risk Management Strategy

A Care Home Risk Management Strategy was developed in June 2020 (Appendix 11). The risk register is updated on a quarterly basis following review at the Strategic Oversight Group. Key risks on the register include:

- Duplication of data collection and management requirements
- Engagement with and access to care homes
- Experience of NHS staff to understand care home contexts
- Relationships with care home managers and owners
- Financial risk on the cost of the programme
- Sustainable workforce within care home support teams
- Care home staff receiving financial remuneration when required to self-isolate

3.6 Data

Accurate data about care home has been vital to inform effective decision-making and escalations. There have been a number of key data sources and it is recognised that these have not always been consistent and some elements have been inaccurate. Attempts have been made, where possible, to triangulate data sources in order to improve reliability. The key data sources used in Lothian have been:

- Turas Safety Huddle
- Health Protection SitRep
- Tableau Dashboard – designed and maintained by the Lothian Analytics Team.

3.6.1 Turas Safety Huddle

The Scottish Government established a daily safety huddle report at an early stage of the pandemic. Initially this was a manual system using Excel spreadsheets and the HSCPs were given responsibility for monitoring completion and response. Following extensive consultation a national digital portal was introduced in August 2020 as the key data source for the Scottish

Government for examination of trends at a national and Health Board level. Access to the Turas platform is on a named basis at HSCP and corporate level with control by the NHS Education for Scotland (NES) Digital Team. There has been ongoing development of the safety huddle to include staff testing (routine PCR and lateral flow devices) and uptake of Covid-19 vaccinations.

The Turas portal is updated by individual care home managers on a daily basis, before 5pm, and is reliant on the accuracy of the information at the point of entry. Each HSCP reviews their own Turas data on a daily basis through local processes. A Board level review is undertaken on a weekly basis by the Care Home Support Programme Team and is summarised in the Care Home weekly report to highlight issues and trends from previous weeks and, where necessary, to escalate issues for discussion at the Strategic Oversight Group.

3.6.2 Lothian Care Home Intelligence

Following recognition of the data variation across the three principle sources, in November 2020 there was an identified need to clarify which data source would be used to ensure accurate monitoring and oversight of Covid-19 outbreak status. This was detailed in an SBAR approved by Gold Command on November 6 2020 (Appendix 12). The decision was to use the Health Protection SitRep as the primary data source for all internal and external communications.

3.7 Social Care Settings

Following the rise in community prevalence of Covid-19 from November 2020 onwards there were increasing outbreaks in care at home services, as well as other non-older people care homes and residential services. An SBAR addressing the developing situation was submitted to the Strategic Oversight Group on February 2 2021 (Appendix 13) recommending that oversight, support and community testing in care at home and other social care services would be brought into line with the older people care homes through the daily Care Home Operational Group and Strategic Oversight Group. This was enacted from that point forward with the inclusion of a representative from the Health Protection Team in the daily meetings and circulation of the daily SitRep report for Social Care to all relevant stakeholders.

3.7.1 Learning Disability and Children's Services Stakeholder Meetings

During February and March 2021 a number of issues relating to outbreaks in learning disability services were raised by the Health Protection and Public Health representatives at the Operational Group following Incident Management Teams (IMT) (section 5.4). These particularly related to application of Covid-19 guidance on IPC and PPE and mitigation measures both to prevent and subsequently manage outbreaks. To a lesser degree there were similar issues raised in relation to children's residential services. In order to facilitate effective communication and collaborative working a stakeholder meeting was arranged on March 25 2021 following the circulation of an invitation setting out the purpose and aims (Appendix 14). A follow up meeting for learning disability services took place on April 23 2021. A separate meeting for children's services was held on May 13 2021.

The outcomes from these meetings included clarification of different types of service provision and how these should be linked to the different national guidance. More effective relationships have been established between the stakeholder groups, which will enhance future working practices.

4. Supporting Care Homes

The new responsibilities placed on NHS Boards built on existing HSCP infrastructure as well as those provided by key agencies such as the Care Inspectorate, Scottish Care and Scottish Social Services Council (SSSC).

NHS Lothian has instituted a number of elements to extend this care home support. These include:

- provision of mutual aid staffing support through the Staff Bank (section 4.2)
- co-ordination of contact details for weekend cover (section 4.3)
- introduction and analysis of supportive assurance visits (section 4.4)
- provision of support to the Care Inspectorate when undertaking unannounced inspections (section 4.5)
- provision of secure email accounts (section 4.6)
- establishment of a Care Home Reference Group (section 4.7)
- establishment of a Care Home Website Group (section 4.8)
- establishment of a Care Home Education and Training Sub Group (section 4.9)
- initial scoping work for the establishment of a Care Academy (section 4.10)
- workforce development planning including the expansion of the infection prevention and control, tissue viability, clinical education teams (section 4.11)
- establishment of a Care Home Improvement Team (section 4.11.5)

4.1 HSCP Infrastructure

Each HSCP has its own infrastructure to support care homes in their own locality.

4.1.1 Care Home Support Teams

There are four different models for the HSCP Care Home Support Teams, developed 2015 – 2020 in response to local needs (Appendix 15). These teams have been integral to the pandemic response and have worked closely with the Care Home Programme Team, participating in the operational meetings and other professional groups (sections 4.7 – 4.9) as well as being central to the individual HSCP daily safety huddles. Full details on the activities of the individual care home support teams are available in the Care Home Annual Report 2020/21 sections 13-17.

4.1.2 Medical and Pharmacy Care

The Chief Medical Officer issued a letter to NHS Board Medical Directors and Directors of Public Health on May 20 2020 seeking specialist support from geriatricians in supporting older people in care homes. Their input should be planned and delivered in collaboration with existing community services such as primary care as well as palliative care. The letter included guidance for managing older people in the care home sector to support medical management of Covid-19, sitting alongside the Coronavirus (Covid-19) clinical and practice guidance for adult care homes (15 May 2020)

4.1.2.1 Previous arrangements

The responsibility for medical care of care home residents sits with general practice under the General Medical Services (GMS) contract. GMS covers the treatment of patients who are ill, including chronic disease management, mental health care and palliative care. Through Local Enhanced Services (LES) the majority of GPs in Lothian with care homes in their catchment area provide an additional service in relation to anticipatory care and take on a Lead Practice Role that

involves liaison with care home managers, staff and the HSCP. 106/109 older people care homes in Lothian have a designated lead practice.

Pharmacotherapy services are provided to care homes though primary care team and Community Pharmacy services. Pharmacy teams already provide services to care home residents through established medicines supply functions, care home visits to optimise repeat prescribing systems, advice on safe medicines storage and provide pharmaceutical care to individual patients identified by the GP practice.

Out of Hours services are provided to care homes by Lothian Unscheduled Care Service (LUCS) alongside the out of hours district nursing teams. Care homes are a high volume source of requests for home visits by LUCS.

4.1.2.2 Enhanced arrangements

On May 25 2020 the Executive Medical Director, Medical Director Primary Care and Associate Director Pharmacy published a document outlining possible future models of medical and pharmacy input into care homes (Appendix 16).

An integrated pharmacy service will continue to be led by community pharmacists and pharmacy technicians in the HSCPs with support of specialist clinical pharmacy services in hospital-based medicine of the elderly and mental health, focussing on:

- medicines reconciliation
- monitoring the safe use of high risk medicines
- poly pharmacy review.

National guidance around care home support from medical specialties has been implemented as required, including for residents admitted to hospital and those with Covid being cared for within care homes, including by hospital at home and LUCS.

4.1.2.3 Quality Improvement

The QI Network team developed a QI toolkit for Care Homes that encourages practices to review their data, reflect on outcomes and feedback, and includes a variety of QI tools to help identify opportunities to improve anticipatory care planning and communication with both patients/families and care home staff.

4.1.2.4 Pharmacy Support for Care Homes

Plans are in place to establish Service Level Agreement (SLA) for all Community Pharmacies providing a service to Care Homes. It will define the roles and responsibilities of the Community Pharmacy team so that appropriate systems and processes are established to ensure safe and effective medicines management within the Care Home. The SLA will include processes for ordering, storage, compliance, record keeping, administration and disposal of medicines and appliances. It will also detail a commitment to medicine waste reduction.

There has been considerable work undertaken to provided full details on the programme of work for care homes on the Care Home website Pharmacy section, including referral pathways for medication reviews for individual residents and educational resources for Medicines Management.

4.2 Mutual Aid

A key principle of the supportive framework has been the provision of staffing mutual aid to care homes in order to maintain standards of care, particularly in the face of staff absence (including requirements for self-isolation). An agreed process was developed (Appendix 17) and mutual aid was initiated on May 9 2020 through the establishment of individual staff bank pools of registered and non-registered staff in each HSCP. All staff members recruited to these pools were tested for Covid-19 prior to deployment.

Further consideration of the funding arrangements for mutual aid were detailed in an SBAR in July 2020 (Appendix 18) and approved by the Strategic Oversight Group.

Initial scoping work was undertaken for the potential to establish a Care Home Staff Bank run by the NHS Lothian Staff Bank. However, after initial consultations this was assessed as not being required. Further discussions are taking place to determine the potential for the existing Staff Bank to extend their scope to include the provision of registered nurses and support workers to the HSCP local authority care homes.

4.3 Weekend Cover

The Care Home Programme Team co-ordinate the collation of the weekend cover plan that is circulated via the Care Home Operational Group members along with the SitRep issued on a Friday so that those on call are up to date with the outbreak situation (Appendix 19). Contact details are provided for the following:

- On call Community NHS Senior Manager
- Operational contact for each HSCP and Lothian Unscheduled Care Service (LUCS)
- Staff Bank
- Public Health
- Community Outreach Testing Team

4.4 Supportive Assurance Visits

A key requirement of the Cabinet Secretary letter May 17 2020 was for the Executive Nurse Director to set up a system and process for a supportive visit in each older people care home in the Board area.

4.4.1 Assurance Tool

A Supportive Visit Assurance Tool was developed by the Care Home Programme Team in consultation with stakeholders in the HSCPs, Care Inspectorate and Scottish Care. The tool was based on the principles of support rather than scrutiny and focussed on three elements: infection prevention and control, health and care needs during the Covid-19 pandemic and workforce. There were two components to the tool and process:

1. Self-assessment by the care home manager for each of the three elements based on open questions on what had worked well and what could be better/could have been improved.
2. An assurance tool with the following criteria.
    - Infection Prevention and Control (37 criteria)
    - Health and Care Needs during the Covid-19 (26 criteria)
    - Workforce (9 criteria)

4.4.2 Supportive Visits – first round

The supportive visits were undertaken by the HSCP Care Home Support Teams with involvement of a range of other HSCP staff with experience of the older people care homes (Table 5).

Table 5 Care Home Supportive Visits – first round dates

Partnership	Number of Care Homes	Dates of Supportive Visits
East Lothian	19	19/06/2020 – 31/07/2020
Edinburgh	65	17/06/2020 – 18/09/2020
Midlothian	11	10/06/2020 – 30/06/2020
West Lothian	15	10/06/2020 – 22/07/2020

Following the visit there was verbal feedback with the care home manager followed by the issue of a written report and agreed action plan. Each HSCP had their own internal governance process for review of the reports and follow up of action plans.

All reports were submitted to the Care Home Programme Review for entry into an online survey tool that identified the HSCP but no the individual care home. This permitted collation of findings and identification of themes and recommendations for ongoing support. The key themes were:

- Environment of care
- Infection prevention and control
- Waste management
- Laundry services
- PPE
- Resident's health and wellbeing – including walking with purpose
- Social isolation/activities
- Recognising deterioration/escalation process
- End of life care
- Falls
- Food, fluid and nutrition
- Skin/pressure care
- Education
- Staffing
- Staff wellbeing

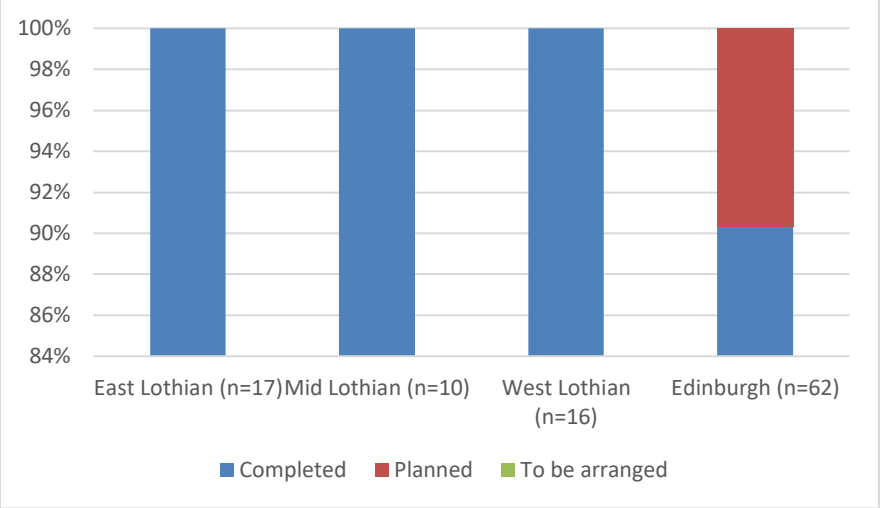
The report included a summary table of these themes identifying what worked well, what could have been better and examples of good practice that were observed in individual care homes (Appendix 20). The final report was widely circulated to a range of stakeholder groups with follow up presentations; this included the Care Home Reference Group (section 4.7), Education and Training Group (section 4.9) and the Falls and Frailty Forum (discussed in section 4.8). There was a presentation and discussion on the process and findings at the Strategic Oversight Group on November 9 2020. The findings from this report were influential in the workforce planning that led to the development of the substantive Lothian-wide corporate care home infrastructure (section 4.11).

4.4.3 Review and Updating of Supportive Visit Tool

Following the completion of the first round of assurance visits a comprehensive review was undertaken of the tool. This involved consultation with HSCP staff that had undertaken the assurance visits and the Care Home Reference Group (section 4.7). Feedback indicated that the underpinning principles of support as well as the existing structure had been valued by care home managers. A revised tool with a number of amendments was developed and approved in February 2021.

4.4.4 Supportive Visits – second round

Each HSCP planned their own programme for the second round of supportive visits and at the time of this report East, Mid and West Lothian had completed and fed back on all of their visits. Edinburgh HSCP have completed 90% of visits with the remaining taking place in the next two weeks.



Data from the second round will be collated and analysed by the Corporate Care Home Programme team and a report produced. The findings from both rounds of supportive visits along with the care home survey findings will be amalgamated to write a paper for publication.

4.4.5 Infection Prevention and Control

Prior to 2020, IPC advice for care homes had been provided by NHS Lothian Health Protection Team. The availability of staff with a recognised qualification in IPC and capacity to provide proactive IPC support was limited, and recognised risk for the team. This was exacerbated by the exponential increase in HPT workload in response to the wider public health management of Covid-19.

Infection Prevention and Control has been a key issue throughout the pandemic in terms of provision of support and guidance by the HSCP care home support teams, HPT, clinical education team and from January 2021 onwards the Lothian IPC. It has formed a core element of the supportive assurance visits and inspections undertaken by the Care Inspectorate/Health Improvement Scotland (section 4.5). A dedicated care home IPC team was put in place from March 2021 onwards (section 4.11.2).

National guidance on IPC has been shared via several communication mechanisms with much of the direct support provided by the HSCP Care Home Support Teams (section 4.1.1). Once the

care home website (section 4.8) was established in October 2020 all updates on national guidance including the National IPC Manual addendums, resources and webinars have been posted on the IPC webpages and highlighted on the Latest News section. An education and training page for IPC and PPE was also made available.

4.5 Care Inspectorate/Health Improvement Scotland Inspections

In the early part of the pandemic NHS Lothian supported the Care Inspectorate during formal inspections of care homes against Key Question 7. A group of senior nurses with experience of assurance and inspection of older people services were identified and were allocated to inspections and any follow up activity by the Lead Nurse for Care Home Quality and Standards.

A process for this arrangement was agreed between NHS Lothian and the Care Inspectorate with clarification of the nature and purpose of these inspections in contrast to the supportive assurance visits (Appendix 21), which commenced in June 2020.

Following discussions with the Scottish Executive Nurse Director (SEND) Group this arrangement was discontinued in November 2020 in order to maintain a consistent approach across all Health Boards.

4.6 Provision of secure email accounts

In July 2019 an initial proposal to provide care homes with secure email addresses was agreed. The aim is to enable transfer of resident and staff related information between services in NHS Lothian and the HSCPs and care home managers and other professional staff (e.g. registered nurses). There had been little progress on this ambition prior to the pandemic, however, this became a priority based on the need for secure email communication for sharing testing results during outbreaks (section 5.4) and to enable direct resident referrals to specialist staff (section 4.8). The process has been enabled by members of the Information Governance Team supported by a member of the Care Home Programme Team.

The process has been lengthy with challenges in processing application forms and follow up issuing of passwords. This meant that during the second wave of the pandemic (October 2020 – March 2021) communication of Covid-19 test results was largely undertaken by the Health Protection Team by telephone, which created significant workload in addition to their focus on outbreak management.

At the time of this report it is estimated that the process has been initiated for 92% of all older people care homes. Although the email accounts have been set up there continue to be issues relating to working passwords and this is regularly followed up to try and improve the situation.

	Proportions of care homes have a secure email account
East Lothian	17/18 (95%) – 1 care home has still to apply
Edinburgh	55/62 (89%) – 7 care homes have still to apply
Midlothian	9/10 (90%) – 1 care home has still to apply
West Lothian	16/16 (100%)

4.7 Care Home Reference Group

In order to ensure that the work of the NHS Lothian Care Home Programme Support meets the needs of care home managers and HSCP partners, a Care Home Reference Group (Appendix 22) was established and met for the first time on November 16 2020. The Group is chaired by the Lead Nurse for Quality and Standards and focuses on issues such as:

- Supportive visits assurance tool
- Care Home Review Report
- Care home website
- IPC support checklist
- Professional to professional escalation to NHS24

4.8 Care Home Webpages

Communication with care home managers and other staff was identified as an essential component of the care home programme support. There was also a recognised need of co-ordinating the care home programme support activities with existing specialists who provide specialist clinical care to care home residents. An existing professional forum 'Care Home Falls and Frailty Group' had been established by a physiotherapist working in the Edinburgh HSCP Long Term Conditions Team and following attendance at this meeting a decision was made to set up a Lothian care home website.

A short life working group was established in September 2020 to identify the website content and structure and the website has continued to evolve and develop after being launched in October 2020. It is maintained by the Care Home Programme Team and updated on a very regular basis to include the following information:

- Education and Training
- Health Protection and Infection Control
- Latest News – Scottish Government, Public Health and other relevant information
- Lothian Care Homes – details of the HSCP care home support teams and contact lists for all older people care homes
- Supporting Staff Health and Wellbeing
- Supporting Resident's Needs – comprehensive details of specialist services including referral criteria and mechanisms (Appendix 23)
- Vaccination information
- Visiting

Laminated flyers promoting the website content and the specialist services available to care home residents in Lothian were distributed direct to all care homes in early May 2021.

4.9 Care Home Education and Training Sub Group

In the early part of the pandemic a webpage was set up by the NHS Lothian Clinical Education Team to provide education and training relating to the Covid-19 pandemic.

Given the range of education and training opportunities available from the clinical education team and other specialist practitioners a Care Home Education and Training Sub Group was set up in November 2020, chaired by the Lead Nurse for Care Home Quality and Standards (Appendix 24).

There have been monthly meetings which have focussed on scoping the wide range of education and training opportunities in order to develop a structured approach to dissemination of information via the care home website. There has also been opportunity for sharing information between specialists, educators, the HSCP care home support teams and care home managers.

4.10 Care Academy

Prior to the pandemic there had been long standing discussions regarding training and education of Health and Social Care staff across Lothian. The concept of a Lothian Health & Social Care Academy evolved from a workshop with key stakeholders from HSCPs in December 2019. Person centred care is at the heart of the concept of a Care Academy with the aim of the right staff member with the right skills and knowledge to support an individual, at the right time regardless of the staff members employer.

An SBAR submitted to the Strategic Oversight Group in August 2020 (Appendix 25) outlined the intention to formally progress this concept and to undertake initial feasibility work with a wide range of stakeholders.

Two interim programme leads were appointed in February 2021 to scope the programme plan leading up to the appointment of a Project Manager in April 2021 who would come into post in June 2021. An initial Programme Brief (Appendix 26) was produced in March 2021 outlining the scope, risks and benefits, programme board membership and key work streams:

- Legislation and regulation
- Harmonisation of training for healthcare support workers and social care support workers, including mandatory training
- Specific core skills training

4.11 Workforce Planning

Over the course of the pandemic response there has been significant attention paid to workforce planning in NHS Lothian and the four HSCPs to provide an immediate and medium term response to care homes whilst working towards a long term care home support infrastructure. This section focuses on workforce planning linked to the Executive Nurse Director responsibilities. There are also requirements for workforce planning in Public Health to ensure ongoing support and planning for longer term pandemic resilience.

The approach has been one of collaboration, integration and expansion of existing specialist teams with the aim of building comprehensive support structures to meet care home residents' health needs, support care home managers to meet the requirements of national guidance and to enhance improvement approaches and provide focussed education and training to care home staff.

There has been funding support provided by the Scottish Government and an initial £900,051 allocated to NHS Lothian following submission of a funding request (Appendix 27) to support the requirements set out by the Cabinet Secretary (section 2.2). Workforce planning has been led by the Deputy Director of Corporate Nursing with the submission and approval of a Workforce and Organisational Change paper in June 2020 (Appendix 28) in consultation with a wide range of

professional leads in NHS Lothian and the HSCPs. The final organisational structure is set out in section 4.11.6.

4.11.1 Corporate Care Home Support Team

Following the establishment of an immediate Corporate Care Home Support Team in May 2020 (section 3.1) the substantive team was confirmed in April 2021 with some outstanding recruitment at the time of this report. The key functions of this team, working in partnership are:

- Leadership and co-ordination
- Programme and project management
- Improvement support
- Administrative support

4.11.2 Infection Prevention and Control

Following the appointment of the Associate Director of Infection Prevention and Control in January 2021 recruitment commenced for the five IPC Nurse Specialist posts (1 band 7 and 4 band 6s) in March 2021. Given the wider issues relating to workforce planning for IPC roles across Scotland it is anticipated that the band 6 appointments will be trainee posts until completion of recognised IPC qualifications. The remit of this team will be to provide specialist IPC skills, support and advice. This will lead to facilitation of prevention, surveillance, investigation and control of infection in Care Homes through a proactive programme of supportive visits and, where required, response to requests for advice on IPC arrangements in individual care homes. The team will also approve all IPC education and training materials

NHS Lothian IPC Team is configured across a geographical structure, and already have responsibility for community hospitals and close working relationships with the HSCPs who manage these. Allocation of responsibility for care homes within the geographical areas aligns with this existing structure. To address existing gaps in service cover, and ensure equitable distribution of care home case load, a new geographical team is being established for Edinburgh City:

- West Lothian Team – based at St. John's Hospital covering West Lothian HSCP
- North Lothian Team – based at Western General Hospital covering North Edinburgh area Adult Care Homes
- South & East Team – based at Royal Infirmary of Edinburgh covering East Lothian HSCP
- Midlothian Team – based at Royal Infirmary of Edinburgh/Royal Hospital for Children and Young People covering Mid Lothian HSCP
- Edinburgh City – to be based at Royal Edinburgh Hospital covering South & Central Edinburgh HSCP Adult Care homes

A work programme was approved by the Strategic Oversight Group in April 2021 that incorporates reactive and proactive IPC involvement (Appendix 29). There will be close working with the Health Protection Team, Care Home Education Team and Care Home Support Teams to ensure collaborative working and effective communication.

4.11.3 Tissue Viability

Prior to the pandemic NHS Lothian had not provided a dedicated care home tissue viability service, however, there had always been access to specialist tissue viability advice via general practice or district nursing support. In the two-year strategic plan for tissue viability in NHS Lothian the Lead

Nurse for Tissue Viability set out a proposed organisational structure for a care home service that would aim to:

- support care homes to recognise risks and maintain residents skin integrity
- support the reduction in incidences of pressure ulcers
- provide education and training to care home staff

This has led to a revision in the referral pathway for tissue viability specialist support which is detailed on the care home website.

Funding secured from the Scottish Government (section 4.11.7) has led to the establishment of a Care Home Tissue Viability Team that includes a team lead (band 7) and four tissue viability specialist nurses (band 6). It is anticipated that some of the specialist nurse roles will be trainees whilst they work towards specialist qualifications and develop experience. Recruitment to these posts took place in April 2021. An initial scoping exercise was undertaken in May 2021 with care home managers to identify current tissue viability service provision and identified needs. This will inform the initial tissue viability work plan.

4.11.4 Education and Training

NHS Lothian has an established Clinical Education Team (CET) under the leadership of the Chief Nurse Clinical Education who is a member of the Care Home Strategic Oversight Group. As an interim arrangement a senior member of the team was given responsibility to facilitate education and training to care homes, particularly with regards to IPC and PPE. This involved their attendance at the daily Care Home Operational Group.

An agreed overarching approach to working with care homes was approved by in November 2020 (Appendix 30) to ensure a coordinated approach between the corporate education team and the HSCP Care Home Support Teams and training teams. During 2020 input from this team was mainly responsive to action planning following the HSCP supportive visits, Care Inspectorate visits and as part of outbreak management. CET facilitators provided education resources and face to face education sessions to care home staff relating mainly to IPC and PPE. Any concerns regarding these education visits were highlighted at the HSCP huddles and the Pan Lothian Operational meeting. During the periods where there were significant outbreaks of Covid-19 most of this education and training support was carried out via Zoom or Microsoft Teams.

A generic email address was set up for queries and requests to allow prompt contact from care home managers and HSCP care home support teams, planning and delivery of education sessions. This was promoted to all care homes in Lothian and any requests for specialist education were signposted to the relevant NHS Lothian team. A range of teaching materials on IPC and PPE were prepared in conjunction with the IPC nurse specialists in order to facilitate on-line learning. These are hosted on the Education and Training pages of the Lothian Care Home Website (section 4.8). Another focus for education and training was Confirmation of Death and specific teaching resources were developed for care home staff.

Funding for a substantive Care Home Education Team was secured as part of the bid to the Scottish Government and a Team Lead (band 7) and three Clinical Educators (band 6) were appointed between January and March 2021 with a remit to:

- support care homes with all aspects of education and training
- deliver and evaluate subject specific training including IPC

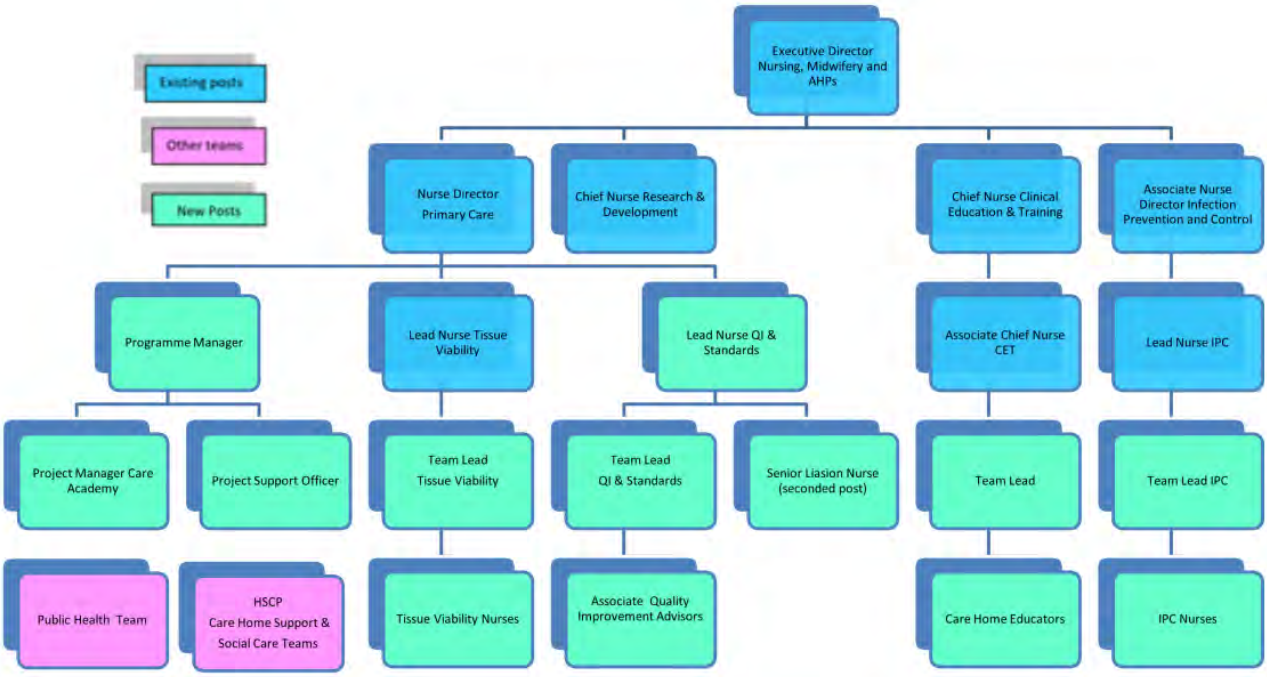
4.11.5 Improvement

A proposal to establish an infrastructure to support quality improvement and standards in care homes led by the Lead Nurse Quality Improvement and Standards was submitted to Workforce and Organisational Change on April 19 2021 (Appendix 28). The model includes a Team Lead (band 7) and four Associate Quality Improvement Advisors (band 6) and will operate as a hub and spoke arrangement with the corporate Quality Improvement and Standards Care Home team aligned to the Nurse Director Primary Care operating across the HSCPs supporting care homes, the Care Home Support Teams, the care home IPC team, care home Education and Training team and care home Tissue Viability team. At the time of this report the review by Workforce and Organisational Change is still in progress.

4.11.6 Overarching Organisational Structure

The proposed organisational structure for the NHS Lothian corporate care home support infrastructure, with associated links to Public Health and the HSCP Care Home Support and other Social Care Teams is presented in figure 2.

Figure 2 NHS Lothian Care Home Support Infrastructure (May 2021)



4.11.7 Finance and Resources

The Care Home Annual Report 2020/2021 summarises the finance and resources associated with the care home workforce planning.

Figure 3 Care Homes Finance and Resources 2020/2021

Care Homes - 20/21 Finance and Resources

Funding Source		20/21 Allocation £000's	Notes
	SG L9/786 ASC Nurse Director support IPC	960	
	SG L9/786 ASC Nurse Director support IPC deferred to 21/22	(960)	
	Non recurring NHS Lothian Nursing contribution to 20/21 costs	428	
	Total	**428**	

Expenditure	Description	WTE	20/21 Cost £000's	Notes
Pay	Care Homes Team	10.30	148	
	Care Homes Tissue Viabilty Team	5.00	0	
	Care Homes Education Facilitators	5.71	55	
	Care Homes Infection Control	2.80	42	
	Testing Costs - Staff Bank & Agency Costs	0.00	9	
	Mutual Aid Staff Bank & Agency Costs	0.00	169	Staff Bank support for local Care Homes struggling with staff shortages due to Covid-19 isolations. Support was arranged via the four Health & Social Care Partnerships
Non Pay			5	Majority of Non Pay costs were picked up centrally by NHS Lothian. Because of this, the cost shown may not reflect the entirety of Care Home related non pay expenditure in 20/21
	Total	**23.81**	**428**	
	(Shortfall)/Surplus		**0**	

Notes:
> Due to recruitment delays majority of these posts were not in place for the full 20/21 financial year
*> **Projected pay cost for 21/22 is £1.439m**, funding carried forward from 20/21 will therefore be fully utilised along with anticipated in year allocation*
*> The Non Pay Costs for 20/21 included the cost of laptops and travel. It is recognised that the £5k is not representative of the true non pay costs for this team, with much of the costs in 20/21 being covered by the central COVID funding. **The costs for 21/22 are currently being assessed.***

4.12 Guidance for Health Professionals on Providing Police Statements

Following the experience of an outbreak in a care home that led to the requirement for healthcare staff to provide statements to Police Scotland the NHS Lothian Public Protection Team developed a guidance document (Appendix 31). This has potential relevant to all health professionals in NHS Lothian.

4.13 Reflecting Back, Thinking Ahead Survey

In consultation with a wide range of stakeholders, the Care Home Programme Team designed an online survey in March-April 2021 to seek feedback from care home managers and deputies. The survey was sent to all care homes for older people within Lothian on April 14 2021 with a 2 week response period. 72 responses were received from across the four Health and Social Care Partnerships.

Partnership	Number of Care Homes	Number of responses
Edinburgh	62	37
East Lothian	16	7
West Lothian	19	19
Midlothian	10	9

Key findings:
Overall, the responses indicated that the majority of staff who responded rated the support from Health Protection, Infection Prevention and Control and Clinical Education as satisfactory and very satisfactory.

- Many of the comments that expressed concern or highlighted issues identified:
  - the impact of the extra workload involved on care homes already under pressure
  - dissatisfaction with information whether it was overload or lacking in clarity
  - time waiting for test results or trying to book staff for vaccinations.
  - the impact of restrictions and isolation on residents' well-being
- Staff indicated that in the future they would like to have more training and support on people living with dementia in care homes and stress/distress. They also reported that more education around the wellbeing of staff and how best to support staff would be welcomed as well as the wellbeing of residents.

The findings of the survey are pan Lothian and have been used to form the basis of the report "Reflecting Back, Thinking Ahead" which was reviewed by the Strategic Oversight Group on May 7 2021 and June 4 2021. Individual HSCPs received a copy of their own findings from the survey relating to their own areas.

5. Outbreak Prevention and Management

The Directorate of Public Health have led the NHS Lothian Public Health and Health Protection Team (HPT) response to the Covid-19 outbreak in care homes since March 2020. This has involved a wide range of activities including enhanced outbreak response, provision of advice on PPE and infection prevention and control, status of care homes to admit new residents, local

response to Test and Protect arrangements and support and guidance on the resumption of visiting.

5.1 Health Protection Team

From March 2020, HPT led and coordinated the rapid set up of a care home specific team using staff from other areas of the organisation such as Health Promotion and Clinical Research. The staff were trained by HPT to support care homes through each outbreak by providing daily in-depth IPC advice and outbreak information. Initially a weekday service, the service adapted flexibly and innovatively to provide 7 days a week cover for 12 hours a day.

The Health Protection workforce dedicated to Enhanced Outbreak Response (EOR) varied during the period March 2020 to the time of this report and included:

Public Health Consultants	March – May 2020 1 WTE June – October 2020 duty health protection team consultant (0.4 WTE) Nov – December 0.6 WTE Jan – May 2021 1 WTE
Health Protection Nurse (Band 7)	March 2020 – present – 0.8 WTE
Health Protection Nurse (Band 6)	3.0 WTE
Contact Tracer	1 WTE
Administrative and other support staff (e.g. Health Promotion & Clinical Research)	Various

The existing Public Health services was strengthened provided on-call cover giving 24/7 access to health protection advice, for 365 days a year, for the effective control of the pandemic and ensuring protection of health of care home and social care population.

The Director of Public Health set out the initial plan for support for care homes in a letter to the Scottish Government on April 24 2020 (Appendix 32). This detailed measures already in place in the HSCPs and Health Protection and the proposals for developing a system of assurance to improve the health and wellbeing of residents and staff in care homes during the COVID-19 pandemic.

5.2 Definitions of Outbreaks

The initial definitions associated with an outbreak were confirmed in May 2020 (Table 6) and informed the response for EOM.

Table 6: Definitions of Covid-19 Outbreak in Social, Community Care or Residential settings (sources Health Protection Scotland May 2020 v1.2)

COVID-19 outbreak:	Two or more confirmed or suspected cases of COVID-19 within the same setting over 14 days.
COVID-19 outbreak in care homes:	A single new case with symptoms consistent with COVID-19 infection, likely to be due to spread of the virus within the care home. Assessment of resident cases when considering any potential outbreak should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection or a suspected COVID-19 individual who has died within the same time period.

Confirmed case:	Any person who has tested positive for COVID-19
Suspected case:	Any person displaying symptoms indicative of COVID-19 not yet laboratory confirmed.

In March 2021, following the care home vaccination programme and implementation of the Open with Care visiting policy, there was a variation in the definition of confirmed and suspected outbreak (Table 7)

Table 7: Definitions of Covid-19 Confirmed and Suspected Outbreaks and impact on admissions and visiting (NHS Lothian Health Protection)

COVID-19 confirmed outbreak	**Definition** - PHS guidance defines an outbreak as 2 or more linked cases (PCR positive) in a period of 14 days **Admission/Transfers** – Closed **Visiting** – closure to indoor and outdoor visits. Essential visits always allowed **Whole Home Testing** – Two rounds negative
COVID-19 suspected outbreak	**Definition** – 1 case or 2 unlinked cases (PCR positive) in a period of 14 days **Admission/Transfers** – Closed **Visiting** – indoor visiting allowed unless outbreak is confirmed. Outdoor visiting - is in line with wider COVID restrictions i.e. 2 people meeting outside – build on what's happening in the community. Essential visits always allowed **Whole Home Testing** – Two rounds negative

5.3 Public Health Guidance

As the pandemic progressed Public Health Scotland (PHS) issued national guidance via the PHS Covid-19 website, including for care home settings. This guidance, associated documents and updates informed the work of the Health Protection Team for EOM and were shared via the Care Home Operational Group and Strategic Oversight Group.

Figure 4 outlines the key documents and updates that the Health Protection Team and Public Health followed, which are archived on the PHS website

Figure 4 Care Home Guidance - version numbers and date/time published on PHS website

Version 2.1	31/12/2020 16:49
Version 2.0	19/12/2020 16:28
Version 1.9	13/10/2020 11:59
Version 1.8	07/10/2020 16:26
Version 1.7	17/09/2020 17:22
Version 1.6	04/08/2020 17:13
Version 1.52	15/06/2020 17:01
Version 1.3	20/05/2020 15:20
Version 1.2	01/05/2020 17:54
Version 1.1	26/04/2020 19:55
Version 1.0	21/04/2020 12:19

5.4 Enhanced Outbreak Response

The HPT have undertaken enhanced outbreak response (EOR) in all care homes where there have been cases of Covid-19 leading to classification of either suspected or confirmed outbreak. This has involved:

- Initial assessment
- Outbreak testing, subject to individual's consent, of all residents and staff, whether or not they have symptoms.
- Problem Assessment Group (PAG) and Incident Management Team (IMT) (Appendix 33 for agenda template)
- Ongoing review and communication including issue of Covid-19 test results (ideally through secure email, however this was not always available and so was communicated by telephone)
- Formal ending of outbreak

HPT produced a briefing document detailing enhanced outbreak response for test, chase, isolate and a support tactical group on May 6 2020 (Appendix 34).

A daily SitRep for older people care homes is produced from data recorded on the HP Zone system to illustrate the status of all outbreak-related activity for both residents and staff (Appendix 35). This report has been a key focus of the Pan Lothian Operational Group discussions and is also submitted as a standing paper to the Strategic Oversight Group. A SitRep for social care settings was also submitted to both groups from week February 9 2021, accompanied by a verbal report update at each Operational Group meeting from this date onwards.

5.5. Outbreak Testing

Testing became an early priority and necessitated the building of infrastructure and governance in response to changing guidance. During the period April to early May 2020 HPT:

- worked with Occupational Health and others to set up a Community Outreach Testing Team (COTT) to enable testing of care home residents.
- set up a results management process and agreed the governance processes
- set up the EOR and a system of testing of staff as an outbreak control measure – this was a completely new process
- established 'whole home' testing of care home residents as an outbreak measure
- worked with analytics on the Director of Public Health (DPH) and other initial testing returns for Scottish Government and to develop epidemiological information, which subsequently became the Tableau care home dashboard (section 3.6.2)

The Director of Public Health set out NHS Lothian's initial approach to testing in a letter to the Chief Nursing Officer on 3 June 2020 (Appendix 36), including confirmation of testing capacity in the Health Board at that time.

Scottish Government also required weekly assurance and data relating to the testing processes in care homes and this was set out in an SBAR for Gold Command on 4 June 2020 (Appendix 37).

5.5.1 Community Outreach Testing Capacity

With the increase in outbreaks from October 2020 onwards there were significant capacity issues in the Community Outreach Team, which necessitated a rapid response to identifying staff and the introduction of priority testing priority levels which were set out in an SBAR approved by Gold Command on 9 November 2020 (Appendix 38). Testing priority levels for individual care homes were assigned by the Health Protection at their daily safety huddle and were documented on the daily SitRep.

5.5.2 Contact Tracing in Care Homes

The introduction of Test and Protect (TaP) in Scotland in June 2020 involves tracing people who have been in close contact with someone who has confirmed COVID-19 and asking them to self-isolate to stop further transmission of the virus. The tracing of close contacts of cases applies to all those who work in care homes. Where adequate PPE has been worn the risk is low and no further action is likely to be required. Where adequate PPE has not been worn and there is not sufficient social distancing the contact would be required to be at home and self-isolate for 14 days (this was reduced to 10 days on December 14 2020 following the statement from the UK Chief Medical Officers).

The Public Health Team developed an SBAR for the Strategic Oversight Group on June 11 2020 to outline the implications of contact tracing in care homes in order to reinforce the need for ongoing vigilance around IPC and PPE, maintenance of social distancing and routine staff testing (Appendix 39).

5.6 Routine Care Home Staff Testing

In addition to local HSCP and national communication mechanisms, information regarding changes to routine care home testing was communicated to care homes via the NHS Lothian care home website (Testing).

5.6.1 PCR Testing

From the week commencing 25 May 2020 Scottish Government policy offered all care home staff weekly testing regardless of symptoms or whether there was an ongoing outbreak in their care home. The initial approach was for weekly PCR testing and this was followed by the introduction of twice weekly Lateral Flow Device testing (LFT) in January 2021, in addition to the PCR test.

There were a number of significant challenges during the initial stages of the introduction of routine testing. These were linked to capacity of the national Lighthouse Laboratory in Glasgow and led to delays in processing and reporting test results and some concern about the rate of false positive PCR test results. One of the consequences of these issues was that any positive PCR test result via the Lighthouse Laboratory automatically led to a repeat test being performed locally via the

NHS Lothian laboratories in order to determine if it was a true positive. All true positives would then trigger the enhanced outbreak management response (section 5.4).

There were regular communications at all levels to address these issues, including the submission of an SBAR to Gold Command in November 2020 (Appendix 40). This included a change in policy to the automatic requirement for repeat testing of asymptomatic PCR positive test results, in light of the rapid growth in community transmission rates in some of the local council areas.

5.6.2 Changes to Testing Laboratory Services

From May to September 2020, weekly care home staff testing pan Lothian was carried via the UK Government Care Home Testing Portal, which was the Light House laboratory in Glasgow. In September 2020 NHS Lothian progressed with a plan to take some lab capacity away from the Lighthouse lab and into NHS Lothian labs for a number of reasons;

- Reduce demand on national services to allow improvement in providing results timely
- Ensure local capacity is fully utilised
- Improve the testing regime for care homes
- Develop a robust governance structure
- Support early intervention and outbreak management

It was decided that Care Home staff in Midlothian and East Lothian HSCPs would be tested via the NHS labs at the Royal Infirmary of Edinburgh. This involved 11 care homes in Midlothian and 19 care homes in East Lothian. Care Home staff in West Lothian and Edinburgh Health and Social Care Partnerships continue to be tested via the National Lighthouse.

The testing within NHS labs required a different process, as labels to identify tests had to be printed prior to the testing and the type of test kits were ordered through the HSCPs. National plans were drafted to move towards regional hubs replacing the national Lighthouse process. In January - February 2021 West Lothian and Edinburgh HSCP care homes moved to utilising the new Regional Hubs testing labs. This involved a new portal for ordering of test kits from National Services Scotland. East and Midlothian care homes also moved from NHS lab testing to the regional hubs and this took place between March – May 2021.

5.6.3 Lateral Flow Device Testing

Lateral Flow Device testing (LFT) of all designated visitors including visiting healthcare professionals was introduced to care homes following publication of a letter from the Scottish Government on 25 November 2020. This came into place in early January 2021.

For care home staff routine testing now included weekly PCR testing and twice weekly LFT testing. In response to the changing processes for routine testing the Health Protection Team produced guidance for care home staff in the form of frequently asked questions on the use of PCR and LFT testing in both routine and outbreak situations (Appendix 41).

5.7 Resident Testing

Care home residents are required to undergo Covid-19 testing prior to admission to a care home from the community or from hospital, as part of whole home testing in the event of a confirmed or suspected outbreak or if they display any symptoms of Covid-19.

An SBAR outlining the different routes for testing was submitted to the Strategic Oversight Group on November 9 2020 (Appendix 42), which set out responsibilities depending on the situation for individual residents (Table 8).

Table 8 Responsibility for Resident Testing

Situation	Responsibility for Testing
Pre-admission from community setting	Care Home or escalated to HSCP and test undertaken by Care Home Team
Outbreak	Enhanced Outbreak Team (Public Health) for 2 week period
Clinical Assessment of individual patient showing symptoms	The individual making the assessment e.g. GP, DN, Hospital at Home, Care Home Team, Lothian Unscheduled Care Service* * All staff, whichever service they are part of should have their own supply of test kits.

Following the reduction in care home outbreaks from March 2021 this guidance was revised and was re-issued on April 29 2021 (Table 9).

Table 9 COVID-19 testing arrangements for Care Homes in Lothian for the duration of the COVID-19 Pandemic

Situation	Responsibility for COVID-19 Testing
Pre-admission from community setting	Care Home or escalated to HSCP and test undertaken by Care Home Support Team
Outbreak	Outbreak Testing Team for a minimum of a 2 week period
Clinical assessment of individual resident showing symptoms	The individual making the assessment e.g. GP, DN, Hospital at Home, Care Home Team, LUCS* * All staff, whichever service they are part of should have their own supply of test kits.
No visiting Healthcare Professional on site. Resident does not require a Healthcare Professional visit but is assessed by the Healthcare Professional to require a PCR test due to mild COVID-19 symptoms. COVID-19 PCR test is requested to exclude COVID-19.	If Nursing Care Home with RN staff the RN should undertake the PCR test. This is the preferred option for timely PCR testing by staff that know the resident. If a Nursing Care Home is unable to undertake the test the Outreach team can be contacted to undertake the test.

5.8 Care Home Visiting

A key element of prevention and management of Covid-19 outbreaks in care homes has been strict restrictions on the number of people entering settings, including visitors and non-essential services. In line with changes to Scottish Government policy on Covid-19 restrictions care homes

have been supported to prepare for the resumption of non-essential visiting. This has involved a wide range of stakeholders in the HSCPs and Health Protection Team.

5.8.1 Stage 3 Visiting August 2020

The Scottish Government published Visiting Guidance for Adult Care Homes in Scotland in June 2020. Stage 3 visiting commenced in August 2020 and permitted

- Indoor visits of 1 key/designated visitor
- Garden visits with multiple visitors appropriate social distancing
- Essential visits as before

Resumption of outdoor visiting in line with the guidance required care homes to undertake a local risk assessment, which was submitted to the HSCP and then approved by the Health Protection Team. A risk assessment checklist (Appendix 43) and a letter of guidance to support this process (Appendix 44) were submitted to the Strategic Oversight Group on August 30 2020.

5.8.2 Day Care Centres and Respite Facilities

In September 2020 day services for adults and respite services for adults and young people were remobilised. This involved the Care Home Team within Health Protection Team reviewing risk assessments for each facility.

5.8.3 Open with Care

The Scottish Government published the Open with Care Guidance to support the resumption of meaningful contact in care homes in February 2021. NHS Lothian provided to support to care homes to respond to the guidance although they were not required to approve individual care homes in the same way as with the Stage 3 visiting in August 2020.

An SBAR outlining the key issues associated with Open with Care was developed by the Local Consultant Public Health and reviewed by the Strategic Oversight Group on Feb 25 2021 (Appendix 45).

Local resources were developed and shared via the Care Home website Open with Care pages and included a summary presentation prepared by the Locum Public Health Consultant and guidance on supporting visitors with PPE prepared by the Associate Nurse Director for IPC. A poster to support safe use of PPE by visitors was also developed and circulated to care homes.

5.9 Care Home Admissions to Hospital

In September 2020 the remobilisation of hospital services progressed, which included clarification of processes for admission of care home residents to acute hospital services. This was developed as an SBAR by the Medical Director (Acute Services) for submission to Gold Command and was also accepted by the Strategic Oversight Group (Appendix 46).

6. Care Home Vaccination Programme

The Chief Medical Officer letter dated 4 December 2020, identified 3 key objectives for the vaccination programme:

- To commence the COVID-19 vaccination programme in line with Joint Committee on Vaccination and Immunisation (JCVI) prioritisation.
- To protect those most at risk by achieving high vaccine uptake amongst the first priority groups.

- To make best use of the limited initial doses of vaccines available, recognising the particular requirements relating to the vaccine, as set out in conditions of authorisation

6.1 Care Home Residents

Planning for the Care Home Resident Vaccination Programme was jointly undertaken by the HSCPs and Nurse Director for Primary and Community Care and was submitted to Gold Command on December 10 2020 (Appendix 47). Initial planning was undertaken in accordance with the planned supply volume of the Pfizer Vaccine and this necessitated a prioritisation process based on the following criteria.

- Current Outbreaks
- Nursing Homes
- Size of the home
- Has the care home ever had an outbreak

6.1.1 Risk Assessment for Covid 19 Outbreaks

As vaccination proceeded, risk assessments were carried out for vaccinating in care homes that had a confirmed or suspected Covid outbreak. The risk assessment was carried out by the HSCP and the Health Protection Team through a process agreed by Gold Command in January 2021 (Appendix 48). Factors included:

- There are no other homes without an outbreak that could be vaccinated first.
- There are residents eligible for vaccination in line with Green Book requirements. That is:
    - Residents who are Covid recovered (i.e. confirmed positive ≥14 days ago with clinical improvement/apyrexial in the absence of antipyretic etc)
    - Residents who are not deemed proximity contacts of a confirmed case
- The care home has a laboratory confirmed outbreak
- The HPT are content that all outbreak control measures required are in place and robust (e.g. PPE, environmental cleaning, ventilation, case & contact management)
- Ensuring those who have had a positive Covid test within previous 4 weeks are not vaccinated

6.1.2 Follow-up Vaccinations

The CMO letter (SGHD/CMO (2021) 5 Feb) provided flexibility in relation to the scheduling of second doses for care homes residents providing the opportunity that these could be given from eight weeks onwards following first vaccination. An SBAR proposing a risk based process for follow up vaccinations was submitted to Gold Command on February 15 2021 (Appendix 49).

6.2 Care Home Staff

At the outset of the vaccination programme care home staff were included as priority alongside all other health and social care staff. The initial options for vaccination were via the NHS Lothian staff vaccination clinics that were set up in December 2020 before the mass vaccination centres opened in January 2021. Care Home managers were provided with regular communication via the HSCP teams and through the NHS Lothian Care Home website 'Latest News' and Vaccination pages. All information provided to care homes was in line with the NHS Lothian Communication Team's Vaccine Hub Intranet site and Speed Reads.

6.2.1 Vaccine Hesitancy

Vaccine hesitancy has been defined by the World Health Organisation (WHO) as a 'delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence'.

Attitudes towards vaccination can be classified as:

- those willing to be vaccinated;
- those unsure and/or wanting more information, i.e. the vaccine hesitant and;
- those who will definitely refuse a vaccine (anti-vaxxers).

A Vaccination Hesitancy Group was established to address any issues and ways that hesitancy could be mitigated. Further actions include:

- Developing and maintaining the NHS Lothian care home website vaccination pages (Covid Vaccination) has helped to overcome some issues of hesitancy arising from people not knowing how to access the vaccine and/or having reliable, up-to-date information on the vaccine/side effects etc. And this includes having vaccine information available in different languages/formats.
- The programme offering staff vaccinations in care homes alongside resident vaccinations has also addressed some of the hesitancy arising from convenience/accessibility of the vaccine.
- Scottish Care hosted an online vaccine webinar with Q&A in January 2021 that was attended by Prof Jason Leitch, National Clinical Director and Dr Syed Ahmed, Senior Medical Officer.

6.3 Progress of Care Home Vaccinations

Vaccination of first and second doses was completed at all care homes within Lothian by April 2021. However a mop up exercise continues to vaccinate those who could not be vaccinated during the vaccination team visits, due to illness, new residents, new staff etc.

Due to the difficulty in calculating the denominator for staff and residents within care homes due to the fluid nature of residency and employment the following is an estimate for vaccination completion as of May 2021.

	1st dose	2nd dose
Residents	98.5%	91%
Care home staff	90%	79%

Dr Juliet MacArthur, Chief Nurse Research and Development

Care Home Programme Team

June 14 2021

Appendix 1 Initial Arrangements for Care Home Governance (June 2020)
Lothian NHS Board

www.nhslothian.scot.nhs.uk

Professor Fiona McQueen
Chief Nursing Officer
Scottish Government
St Andrews House

By Email

Date
Your Ref
Our Ref

Enquiries to
Extension
Direct Line
Email

Dear Fiona,

Care Homes and Care at Home accountabilities for Executive Nurse Directors

In response to your letter from the 15th of June 2020 requesting details of Board governance arrangements for Care Homes I write to articulate the current arrangements in Lothian. We have taken a collegiate approach to ensure that robust governance arrangements have been established at Care Home, H&SCP and Lothian levels.

The following key areas are discussed at all levels and escalated if required

- Testing, outbreak management and ongoing surveillance
- Workforce requirements and supply of mutual aid
- Infection Prevention and Control including PPE and cleaning requirements
- Education and training
- Supportive reviews and visits

The Covid-19 pandemic arrangements are summarised below and background detail is provided in the attachments accompanying this letter.

1. Care Home level

Care homes are being encouraged to submit daily information, using the national care home safety huddle template. The daily submission rate is improving day by day and is currently sitting at 86%, so there is still some work to do.

This information, collated in each H&SCP daily, together with intelligence from Care Home Support Teams and community nursing teams that have contact with the care homes will inform the daily H&SCP huddle where every care home in the Partnership is discussed and areas of concern are shared and addressed. There are a range of risk based approaches to care homes across the Partnerships in terms of supportive telephone calls and / or visits to provide care, education or other support. The supportive visits and

reviews are underway in all 4 H&SCPs with timelines agreed for undertaking these in the 109 Older Adult Care Homes in Lothian.

2. H&SCP level

At H&SCP level The Care Home Clinical and Care Multi Professional Oversight Team has H&SCP Care Home Huddles. Each of the 4 partnerships in Lothian convene their local operational oversight meeting daily. The intelligence from these partnership oversight team huddles are brought together at a daily (Monday to Friday) pan Lothian Care Home Operational Huddle.

3. Lothian Level

The daily pan Lothian Care Home Operational Huddle includes strategic and corporate stakeholders to share relevant information and escalate concerns to the Strategic Oversight Group. It is chaired by the Nurse Director (Primary and Community Services) as devolved by the Executive Nurse Director.

Across Lothian we have established a Strategic Oversight Group, meeting weekly, chaired by the Executive Nurse Director. This group includes the Director of Public Health (or delegated deputy), all 4 H&SCP Chief Officers, Chief Social Workers and Chief Nurses as well as representation from the Care Inspectorate, Scottish Care, Medical Director and other corporate / support functions, including nursing workforce, pharmacy, infection prevention & control and clinical education.

To ensure supportive action can be taken without delay each H&SCP has been allocated a specialist medical consultant in elderly medicine, a liaison pharmacist to support the care homes with clinical issues and a clinical education practitioner to provide access to education that is more clinically focussed enhancing that already provided via other routes.

If required a Multi Agency Task force group lead by the H&SCP Chief Officer will be convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.

Any strategic issues are discussed at the respective NHS Lothian and Local Authority GOLD Strategic Management Group.

A Care Home Programme Management Team has been established within the Corporate Nursing function to provide direct support to the Executive Nurse Director and Director of

Nursing Primary Care. This team comprises programme management, corporate professional and chief nurse input and administrative support.
To ensure NHS Lothian Board governance arrangements are met the Care Home Programme will report to the NHS Lothian Healthcare Governance Committee.
The Lothian Care Home governance arrangements are now established and working well, therefore we have agreed that where clinical and professional nursing leadership and input is required regarding the other residential care settings and Care at Home this will be addressed through the current governance arrangements described above.

The attachments to this letter illustrate the infrastructure described above. Should you wish any further clarification of the arrangements please do not hesitate to contact me.

Yours sincerely

Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs

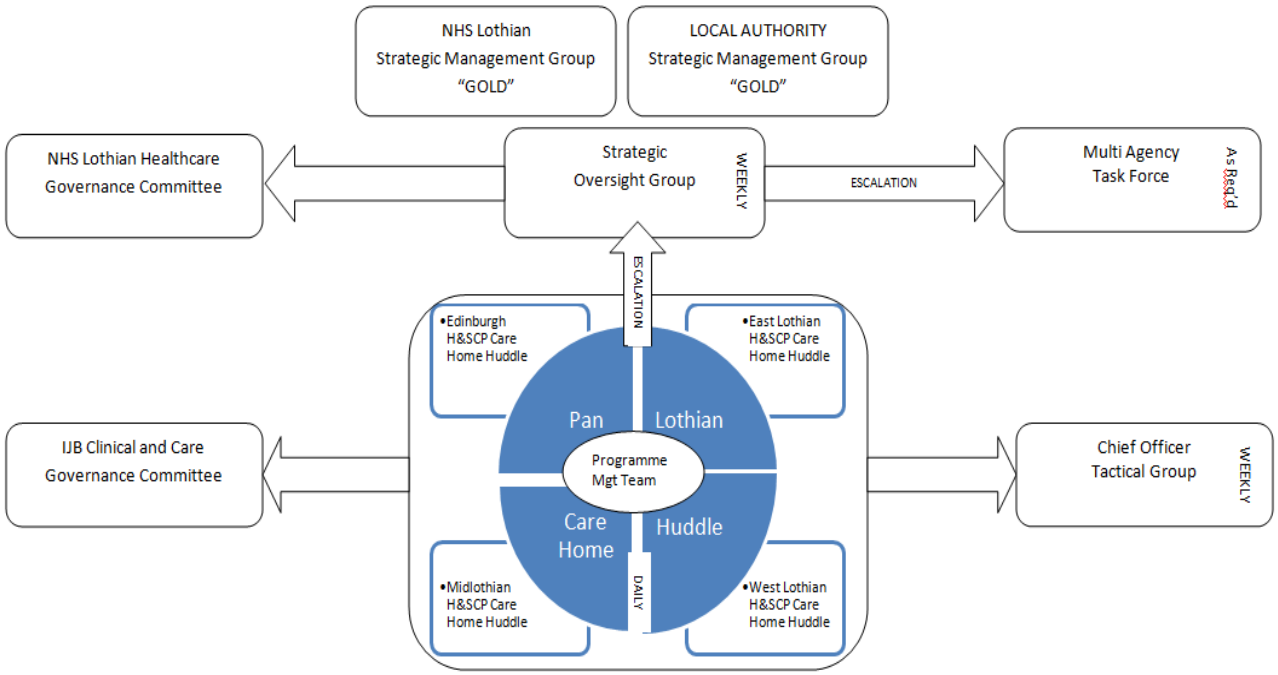
Enc Summary of Groups Supporting Care Home Work Programme
Care Home Support Governance Framework

Summary of Groups Supporting Care Home Work Programme

Group	Frequency	Chair / Lead	Membership	Remit
Programme Mgt Team	Daily / As Required	Programme Manager (S&V)	Programme Manager (S&V) Programme Manager (Corporate Nursing) Chief Nurse R&D	To retain an accurate record of decision making and materials developed across all workstreams and groups
Operational Pan Lothian Care Home Huddle	Daily 5/7	Nurse Director (Primary Care)	Chief Nurse (or rep) from each H&SCP Care Inspectorate Scottish Care (representing the care homes) Health Protection Team Covid Testing Team Infection Control Clinical Education Assoc Med Dir (GP) PMgtT	Rapid Rundown using structured format & pre submitted data from each H&SCP Care Home Review of staffing levels and supply Review of PPE status Review of Findings from Supportive Visits Determination of Escalation to Oversight Group
Operational H&SCP Care Home Huddle	Daily 7/7	Chief Officer / Chief Nurse	Chief Officer Chief Nurse Care Home Team Lead Clinical Director	Review of status for all Care Homes in H&SCP Local Oversight and Support mechanisms Determination of Escalation to Oversight Group
Strategic Oversight Group	Weekly	Exec Nurse Director	Exec Nurse Director Nurse Director (Primary Care) Medical Director (or Delegate)	Provide leadership, oversight and professional scrutiny in relation to - infection prevention control standards

			Associate Director, Community Pharmacy Chief Social Worker x 4 Chief Officers x 4 Care Inspectorate Relationship Manager Public Protection Scottish Care Rep Police Scotland Rep	- agree a set of agreed metrics - deploying professional advice, education and training and staff support Seek assurance from Pan Lothian Operational Group & provide assurance to the Strategic Management Group, Governance Groups Convene H&SCP Task Force where risk remains
Multi Agency Task Force	As Required	H&SCP Chief Officer	H&SCP Chief Officer Chief Social Work Officer Exec Nurse Director Medical Director Director of Public Health	A multi agency Chief Officer led group which will be convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.
NHS Lothian SMG / GOLD	Twice Weekly	Chief Executive	Chief Executive Exec Nurse Director Medical Director Dir of Public Health Director of Finance HR Director	
NHS Lothian Healthcare Governance	As scheduled	Board Non Executive	As per Board	Board governance Docking of Exec Nurse Director accountabilities
IJB Clinical and Care Governance	As scheduled	As per IJB	As per IJB	IJB governance Docking of Chief Nurse / Chief Officer accountabilities

Care Home Support Governance Framework



Appendix 2 Care Home Strategic Oversight Group Terms of Reference and Membership v1.2 February 2021

TERMS OF REFERENCE

TITLE

Strategic Oversight Group – Care Homes

v 1.2 February 2021

ACCOUNTABLE TO

NHS Lothian Healthcare Governance Committee

REPORTS TO

- NHS Lothian Healthcare Governance Committee
- Local Authority Strategic Management Group
- NHS Lothian "Gold" Strategic Management Group / Local authority equivalent

ESCALATES TO

Multiagency Task Force

PROJECT OBJECTIVE

The Group will meet on a weekly basis. Within care homes and care at home the key focus will be on:

- Infection prevention and control, including PPE and cleaning requirements
- Education and training
- Supportive Review / Visits
- Testing, outbreak management and ongoing surveillance.
- Workforce requirements and supply of mutual aid

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ROLES AND RESPONSIBILITIES

The Strategic Oversight group will:

- Provide oversight and professional scrutiny in relation to infection prevention control standards across all care homes in Lothian
- To agree a set of agreed metrics that will be used for weekly oversight of care standards
- Provide oversight and professional leadership and support in relation to clinical and care governance standards (within the care home and care at home context)

- The Group will have the ability to be able to deploy professional advice, education and training and staff support through identified staff groups
- To seek assurance through the Pan Lothian Operational Group that meets daily, and through them the individual partnership huddles that local intelligence and data is being used to ensure that there is a clear line of sight to each care homes in their partnership area.
- To provide assurance to the Strategic Management Group that there is a robust system in place in relation to care at homes and care at home
- Through the Oversight Group the Chair will provide assurance through briefings and appropriate reports to the NHS Lothian Healthcare Governance Committee and the NHS Lothian Board
- Chief Officers will also as required take briefings and reports to their IJB's

MEMBERSHIP

The following is a list of members of the Strategic Oversight Group and their individual responsibilities. All members are expected to attend weekly meetings, where they are unable to attend, they must nominate a deputy with delegated authority to make decisions on their behalf.

Name:	**Project Role:**	**Responsibilities:**
Professor Alex McMahon	Executive Director, Nursing, Midwifery and Allied Healthcare Professionals **Chair**	• Chair group meetings and actively contribute to decisions and the achievement of deliverables and objectives. • Report progress in line with agreed Governance Structure. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all documentation. • Sign off decisions, ensuring the group are content with the process and how the outcome was reached.
Alison MacDonald	Chief Officer, East Lothian	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Allister Short	Chief Officer, West Lothian	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Judith Proctor	Chief Officer, Edinburgh	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation.

		• Actively contribute to group decisions.
Morag Barrow	Chief Officer, Midlothian	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Mairead Hughes	Chief Nurse (WL HSCP	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Lorraine Cowan	Chief Nurse (EL HSCP	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Jacqui Macrae	Chief Nurse (Edin HSCP	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Caroline Myles	Chief Nurse (Mid HSCP)	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Pat Wynne	Nurse Director Primary Care	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Provide NHS support to the Care Inspectorate/HIS inspections • Lead the care home support project team

Nigel Williams	Medical Director Primary Care	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Katie Dee	Interim Director Public Health	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Convene Incident Management Teams (IMT). • Co-ordinate findings from Enhanced Outbreak Response Team.
Alison White	Chief Social Worker	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Joe McGhee	Care Inspectorate	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Rene Rigby	Scottish Care	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Anne Neilson	Public Protection	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Helen Fitzgerald	Partnership	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.

Lindsay Guthrie	Infection Control	• Provide the link back to IPC and support the group as a route to allocate resources as required to support HPT. • Communication link to IPC service • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Saurabh Gupta	Public Health	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions. • Providing infection control advice and education in use of PPE, social isolation, environment disinfection and use of communal space. • Providing professional epidemiological advice to all tactical groups in operational and forward planning.
Fiona Ireland	Deputy Director - Corporate Nursing & Business Support	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions
Stephen McBurnie	Associate Director, Community Pharmacy	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Grace Cowan	Midlothian Head of Primary Care and Older Peoples Services	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions.
Susan Binning	Assistant head of Finance NHS Lothian	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions

Juliet MacArthur	Chief Nurse Research and Development	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions
Maggie Byers-Smith	Corporate Nursing – Programme Manager	• Provide Working subject matter expertise. • Identify risks and issues, ensure mitigating actions are robust and undertake actions as require. • Review and approve all group documentation. • Actively contribute to group decisions
Donald Boyd	Senior Project Manager	• Provide Project Management expertise and methodologies to the Project Team and support the Project Lead. • Ensure that work is appropriately planned and tasks are allocated to the appropriate members. • Compile and manage the Project Plan and manage project deliverables in line with the Project Plan. • Create and update project Risk Register, escalating where appropriate. • Provide project Quality Assurance and ensure the group operates in a manner that is consistent with its remit and the governance structure. • Produce Action Log for the group meetings and share with the Chair within 3 working days and the group within 4 working days.
Julie Kershaw	Admin Support	• Produce minutes and notes from meetings • Support Project Management duties

Others will be co-opted in and can attend as required.

Secretariat for this group will be provided by the Care Home Programme Team

FREQUENCY OF MEETINGS

The group will meet weekly. Additional meetings and teleconferences may be arranged as necessary.

PAPERS

Papers will be issued in advance each meeting. Members of the group who are required to provide papers will ensure papers are submitted to the project manager as soon as possible.

LIFESPAN OF GROUP

The lifespan of this group will run until the project has been closed. The membership of the group will be reviewed as necessary as the project progresses.

Appendix 3: Pan Lothian Operational Group Terms of Reference and Membership (v1.2 February 2021)

TERMS OF REFERENCE

TITLE

Pan Lothian Operational Group

ACCOUNTABLE TO

Strategic Oversight Group Care Homes

REPORTS TO

Strategic Oversight Group Care Homes

PROJECT OBJECTIVE

The Group will meet on a daily basis to review the situations across the 4 partnerships in relation to care homes and care at homes.

The 4 partnerships are

- Edinburgh Health and Social Care Partnership (EHSCP)
- Midlothian Health and Social Care Partnership (MHSCP)
- East Lothian Health and Social Care Partnership (ELHSCP)
- West Lothian Health and Social Care Partnership (WLHSCP)

ROLES AND RESPONSIBILITIES

The Pan Lothian Operational Group will:

- Identify, review and discuss all suspected and confirmed outbreaks of Covid-19 in older people care homes. This includes:
  - Health protection contact and co-ordination of Problem Assessment Groups (PAG) and Incident Management Teams (IMT)
  - Co-ordination of community outreach testing in the event of a confirmed or suspected outbreak
  - Specific requirements and requests for input from specialist teams such as Infection Prevention and Control and Clinical Education
- Provide feedback of current staffing levels at care homes and raise escalate concerns that require the provision of mutual aid
- Provide feedback of progress and outcomes of supportive visits at each partnership. Escalations to be raised and any actions that require attention
- Provide feedback on any PPE concerns at care homes and escalate were appropriate

- Raise and address any issues concerning Infection Control
- Ensure effective communication with external agencies such as Scottish Care and the Care Inspectorate
- Provide oversight and any agreed response in the event of a Covid-19 outbreak to non-older people care homes, community and residential services (from February 2021)

MEMBERSHIP

The following is a list of members of the Pan Lothian Operational Group and their individual responsibilities. All members are expected to attend daily huddles meetings, where they are unable to attend if possible they should nominate a deputy with delegated authority to make decisions on their behalf.

Name:	Project Role:	Responsibilities:
Pat Wynne	**Director of Primary and Community Nursing** **Chair**	• Chair group meetings and actively contribute to decisions and the achievement of deliverables and objectives. • Report progress in line with agreed Governance Structure. • Sign off decisions, ensuring the group are content with the process and how the outcome was reached.
Jacqui Macrae	Chief Nurse - EHSCP	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Caroline Myles	Chief Nurse - MHSCP	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Lorraine Cowan	Chief Nurse - ELHSCP	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Mairead Hughes	Chief Nurse- WLHSCP	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Audrey Pringle, Amie Borge	Health Protection	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Saurabh Gupta	Public Health	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
East - Ashley Hardy Matt Kennedy West - Pamela Main	Social Work	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.

Midlothian – Alison White Edinburgh – Mike Crossland		
Joe McGee/ Lynn Kennedy	Care Inspectorate	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Rene Rigby	Scottish Care	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Janis Langdale	Education and Training	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Eleanor Durkin/James Davitt	Edinburgh Care Homes Team	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Catherine Crombie, Delphine Jaoune	Staff Bank	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Alison Downie	Testing	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Dawn Anderson/Amanda Edgar	Lothian Unscheduled Care	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Lindsay Guthrie, IPC Geographical Team Leads	Infection Prevention and Control	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions
Donna Gentles	Test and Protect	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions
Jasmin Clark	Partnership	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Juliet MacArthur	NHS Lothian Care Homes Programme Team	• Deputy Chair group meetings when required and actively contribute to decisions and the achievement of deliverables and objectives. • Report progress in line with agreed • Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions Governance Structure.

Maggie Byers Smith	NHS Lothian Care Homes Programme Team	• Deputy Chair group meetings when required and actively contribute to decisions and the achievement of deliverables and objectives. • Report progress in line with agreed Governance Structure. • Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions
Donald Boyd	NHS Lothian Care Homes Programme Team	• Provide Project Management expertise and methodologies to the Project Team and support the Project Lead. • Ensure that work is appropriately planned and tasks are allocated to the appropriate members. • Produce Action Log for the group meeting
Julie Kershaw	NHS Lothian Care Home Programme Team	• Produce Action Log for the group meeting

Others will be co-opted in and can attend as required.

FREQUENCY OF MEETINGS

The group will meet daily. Additional meetings and teleconferences may be arranged as necessary.

PAPERS

Papers will be issued in advance each meeting. Members of the group who are required to provide papers will ensure papers are submitted to the project manager as soon as possible.

LIFESPAN OF GROUP

The lifespan of this group will run until the project has been closed. The membership of the group will be reviewed as necessary as the project progresses.

Appendix 4 SBAR Root Cause Analysis and Winter Preparedness Plan

Professor Alex McMahon, Executive Director Nursing Midwifery & AHPs

S	**Situation** On the 3rd November the Scottish Government published three documents, Adult Social Care Winter Preparedness; Root Cause Analysis Care Home Review and an Evidence paper. These papers are set out below. The Adult Social Care paper sets out the expectations of Boards, IJB's and Councils for this Winter and beyond. There is £112m nationally to support the 'asks' being made. At the same time the Root Cause Analysis paper sets out recommendations on the back of a high level and rapid piece of work that was done looking into COVID outbreaks in four care homes across three Health Board areas. It is the latter report that this SBAR wishes to cover. Adult Social Care Winter Preparedness Plan 2020-21. https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2020-21/ Evidence Paper https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/11/adult-social-care-winter-preparedness-plan-2020-21/documents/adult-social-care-winter-preparedness-plan-2020-21-evidence-paper/adult-social-care-winter-preparedness-plan-2020-21-evidence-paper/govscot%3Adocument/adult-social-care-winter-preparedness-plan-2020-21-evidence-paper.pdf Root Cause Analysis Care Home Review - A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland https://www.gov.scot/publications/root-cause-analysis-care-home-outbreaks/
B	**Background** In May this year the Cabinet Secretary wrote to Executive Nurse Directors making a variation to their roles in respect of care homes and in particular in relation to professional advice and leadership, education and training, infection prevention control and PPE. In a separate communication Scottish Government asked that within a Board area an Oversight Group should be established that is made up of key constituent players and this should take place at least once a week. This is in place in NHS Lothian and builds on the daily huddles that HSCP have and a daily pan Lothian operational huddle that takes place at lunch time each day. This work has generated a lot of activity which has manifested itself in different ways at Partnership and Board level. In both the Root Cause Analysis and the Winter Plan there are clear asks in relation to building on and enhancing the support to care homes (and the wider community and care at home). There is a strong emphasis on training and education staff and a key focus on PPE and infection prevention control and mutual ad in terms of staffing to ensure sustainability of care homes. What is not clear from either paper is the mechanism for how funding will be distributed and on what basis or who is being asked to lead on implementing the recommendations.

A	**Assessment** Both the reports are welcome and we need to ensure that we are taking the appropriate actions. The Root Cause Analysis is about ensuring that we take learning from the Homes that were the focus of the review, but it is clear that some of the learning and recommendations from the report have been woven through the Winter Plan. That said we need to set out how we in Lothian will learn from and evidence learning from the report and built it into our work programme. In addition to the Root Cause Analysis review, additional work has been carried out within the care homes programme in regards to assurance visits in care homes. A number of outcomes and recommendations are currently being analysed in full from the data collected. The care Inspectorate also has been involved in producing recommendations and out comes from their reports. It is the proposal to bring together the recommendations within the Root Cause Analysis review, the Assurance visits and the Care Inspectorate outcomes. An action plan will pull all recommendations together from the three sources with an emphasis on timescales, ownership and prioritisation.
R	**Recommendation** • Gold note the two reports • That in relation to the Root Cause Analysis paper the Executive Nurse Director will take the report to the next meeting of the Lothian Oversight Group both for discussion but also consideration of how we will implement the recommendations locally. The next meeting is Monday 9th November. The action plan will then come back to the Corporate Management Team on the 24th November. Note that the CMT on the 10th November clashes with HCGC • The Executive Nurse Director will also raise the key points from the report to brief the NHS Lothian Healthcare Governance Committee at its meeting on Tuesday 10th November. This is timely given there is a routine Care Home paper going as well as a paper on the review of deaths of patients from COVID discharged to care homes. • The key action is evidencing learning. The Oversight group will pick this up and also review where any of the key recommendations impact on the current risk register and update accordingly and we will ensure that the HCGC see evidence of learning through our regular report, and of course we should track any operational/system learning through CMT. Executive Director, Nursing, Midwifery and AHP's 4th November 2020

Appendix 5 Care Home Review – Lothian Assessment and Action Plan

Lothian Care Home Programme 18th December 2020

Introduction

The purpose of this document is to provide an overview of Lothian's current assessment of its position in relation to the Care Home (CH) risk factors and recommendations identified in the Care Home Review, A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland.

- In October 2020 the Care Home Review, A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland was published.
- The review was commissioned by the Cabinet Secretary for Health and Sport, to make recommendations for a systems review and to highlight good practice.
- The review focused on four care homes identified with outbreaks, with a high number of COVID-19 positive cases. Two of the four care homes reviewed were in Lothian.
- 15 areas for consideration were identified of which 14 included recommendations.

Summary of assessment

Key stakeholder feedback and consultation has informed this summary of our position assessment in relation to the 15 areas for consideration and the associated recommendations identified in the Care Home Review. The consultation identified a number of additional stakeholder observations for each area for consideration, these are as follows

1. Care Home risk factors (resident dependency, CH size, occupancy)
   - The complexity and dependency of residents in CHs has increased over the years. Early recognition and assessment of a resident that is 'off their baseline' or deteriorating is imperative to ensure timely care and treatment.
   - Residents that are positive for COVID-19 and 'walk with purpose' can increase the risk of transmission to staff and other residents. Additional care assistant/domestic staffing support is helpful to follow the residence to clean surface areas that have been potentially contaminated. Mutual aid staffing, when available has supported this.
   - There is emerging evidence that the size of a care home may be associated with rates of infection although all CH irrespective of size and occupancy is vulnerable to outbreaks. The build of the CH is also a factor. One example of this is where a large CH was able to contain an outbreak to one unit in the CH as its residents and staff could be isolated from the other units.

2. Experience in first wave
   - Many of the challenges from the first wave are resolved e.g. staff pay if quarantining, CH admission testing and isolation arrangements. Availability of PPE is resolved however the correct donning/doffing of PPE, use of appropriate gloves nitrile/vinyl and use of visors has been highlighted as an ongoing challenge.

- There are current ongoing challenges and lessons learned with control measures: car sharing, smoking breaks, uniform guidance, physical distancing, CH cleaning to name a few.

3. Data landscape and digital infrastructure
   - The TURAS safety huddle has evolved however there are some limitations with the system. Overall Lothian CH compliance sits around 90% Monday to Friday and lower on Saturday and Sundays. The HSCPs are supporting the CHs to input to timely and accurate data to TURAS.
   - Information governance permissions to share data are challenging however there has been a lot of work undertaken to resolve this and ensure CHs have secure email accounts (either nhs.net or local authority .gov) that are accessible to share data securely.

4. Early warning systems
   - Identifying a potential outbreak quickly and acting responsively is imperative to minimising impact and ongoing transmission.
   - TURAS data such as staffing levels can potentially indicate early warning indicators however TURAS has a number of limitations. Daily HSCP and Health Protection Team (HPT) calls to CHs have been very useful in flagging early warning indicators.

5. Testing
   - Delays identified with testing result turnaround are reduced although there are still a small number of exceptions.
   - Weekly testing of CH staff is routine. East Lothian and Midlothian via NHS, West Lothian and Edinburgh via Lighthouse portal however all tests will be via NHS by the start of February. If there is a high prevalence of COVID in the HSCP area a Lighthouse test is acknowledged as a true positive and a confirmatory NHS test is not required.
   - Capacity for resident testing is improved and a triage system in now place to prioritise which CHs get tested first. If there is an outbreak 'whole home testing' of residents is undertaken by the NHS testing team or CH staff or HSCP.
   - Lateral Flow Tests are being introduced to support designated visiting.

6. Infection Prevention control (IPC) knowledge and expertise
   - Historically there were IPC Nurses working in community settings however over the last decade the focus has been on hospital settings. As it stands some Specialist IPC Nurse support is available from the acute sector and we are working on strengthening this with a Band 7 and 4 Band 6 staff to support CHs and community/primary care settings. There is an ongoing challenge in that there is a shortage of suitably qualified IPC Nurses nationally.

7. IPC indicators
   - IPC requires to be embedded in an individual context specific way in each CH.
   - Standard Infection Control Precautions (SICPs) need to be embedded in everyday practice.

- The new posts in point 6 and additional investment of a Band 7 and 3 Band 6 into Clinical Education and Training Team specifically for Care Home Education and Training will be geographically based and deliver additional training. They will work closely with the Care Home Support teams to support improvements with IPC.
- Many CHs have an identified IPC lead. Ensuring consistency with knowledge and skill of the CH IPC leads is an area to focus on going forward. The CH IPC lead can contextualise their knowledge to the specifics of their CH
- NHS Education for Scotland (NES) IPC/ Covid-19 Webinars currently in testing for CH staff and the Scottish Infection Prevention and Control Education Pathway (SIPCEP) are useful resources.
- TURAS recording is useful but CH self-reporting of compliance with IPC is not a robust indicator of IPC compliance.

8. Leadership
   - The leadership role in CHs is complex and highly demanding. CH managers should be trained to SVQ level 4 and registered with Scottish Social Services Council (SSSC) or a Nurse registered with Nursing Midwifery Council (NMC)
   - The role of the manager is fundamental in establishing and maintaining standards.
   - Support for managers and staff during these challenging times is essential to support resilience and emotional wellbeing. Support is offered through psychology, national helpline, Here4U and OSCaRs programme of support.

9. Training and Education
   - SSSC sets education standards for CHs with SVQs at Levels 2, 3 and 4 recognised for the CH sector.
   - Across Health & Social care we recognise the different standards required for staff. The Lothian Care Academy is in its early stages and will scope requirements, look at consistent training and education for staff across Health & Social Care to support staff to deliver safe, effective, timely, person centred care.
   - An IPC module developed by SSSC and NES is currently in the testing phase.

10. Relationships
    - Formal and informal arrangements are in place with key stakeholders at operational and strategic levels. We will continue to build on these.

11. Guidance and local adoption
    - There is a plethora of new and updated guidance available. The NHS Lothian CH Internet pages has been introduced to enable access to the most up to date information is available including: CH contact details, Supporting Residents Needs including specialist services referral, COVID Vaccine information, Education and Training, Testing, Staff Wellbeing and useful links.

12. Inspection arrangements
    - The Care Inspectorate has a salutatory responsibility for inspecting CHs. We continue to share learning from inspections and local intelligence through our HSCP and Lothian huddles and Strategic Oversight Group.

- All CHs in Lothian had an initial assurance visit by the HSCP over the summer of 2020. Three sections were considered: IPC, Health & Care needs and Workforce. Support was agreed between each CH and HSCP to meet any unmet criteria. The outcomes of the assurance visits were recorded on the JISC survey tool enabling collation of themes and comparison with follow up assurance visits.
- Both inspections and assurance visits identified issues with PPE, IPC, Training, cleanliness of the environment and care equipment.

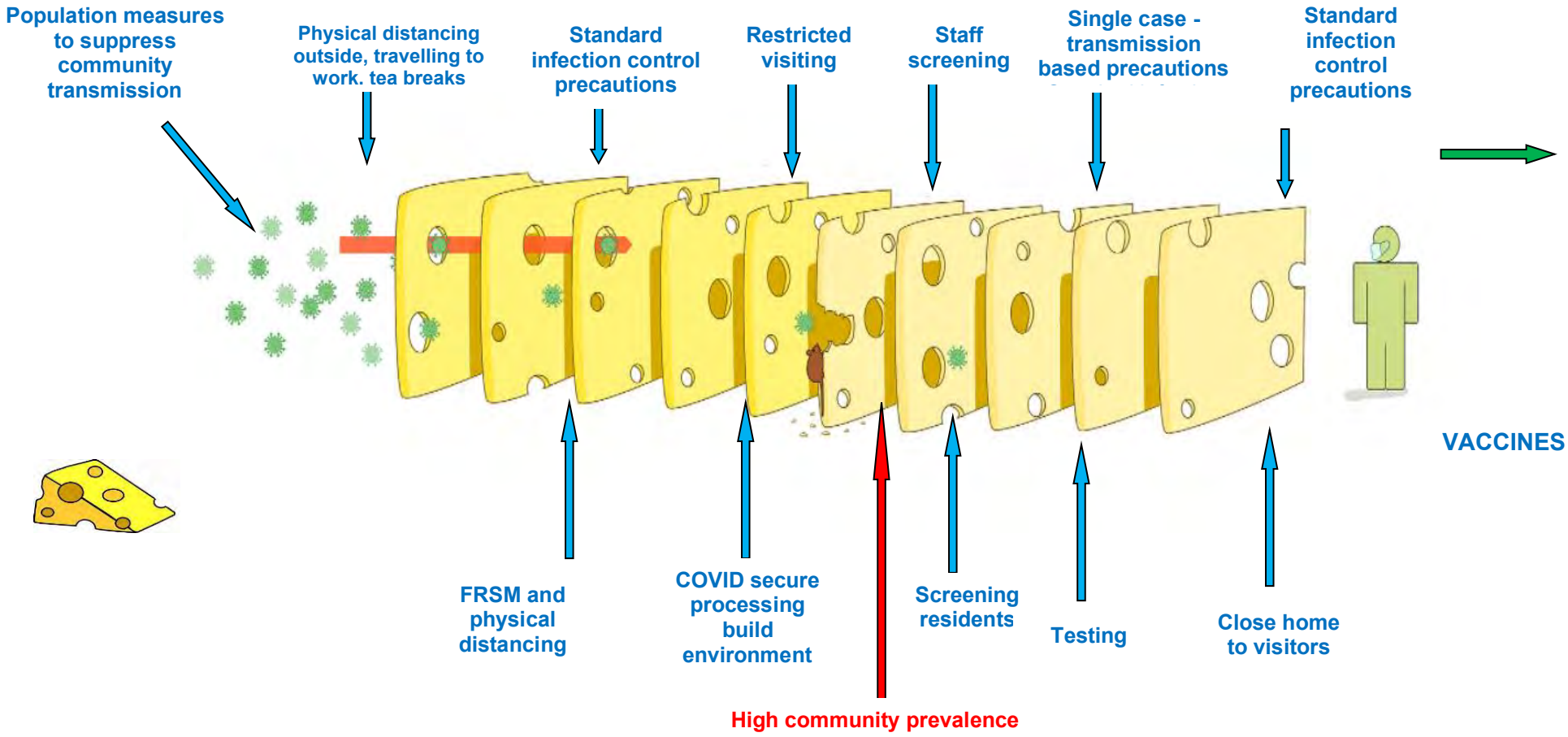
13. Carer Perspectives
    - We continue to support CHs with implementing national guidance regarding visitors to residents in CHs. It is an evolving and challenging picture for CHs to support given visitor expectations, human rights and visitor testing with LFTs starting mid December. Visits are essential for the health and wellbeing of residents and carers.

14. Built environment issues
    - Many CH buildings do not enable optimal IPC arrangements such as 'co-horting' positive residents and adequate ventilation. Narrow corridor widths to not enable physical distancing or PPE station placement and general size of rooms and maintenance of some buildings has been an issue.

15. Raising concerns
    - There are current arrangements in place at CH and organisational level for whistle blowing.

Overall the Care Home Review reiterated the unprecedented challenges for the CH sector during the COVID-19 pandemic. New interventions, relatively rapid changing and emerging guidance from learning and evidence based research lead to many new interventions which were introduced over a relatively short period of time (figure 1)

Figure 1 - The 'Swiss Cheese' COVID-19 defences in care homes
Recognising that no single intervention is perfect at preventing spread



Each intervention (layer) has imperfections (holes). Multiple layers improve prevention success.

Based on COVID-19 version by Ian M Mackay (virologydownunder.com).
Ref: Reason J (1990) Human Error, Cambridge University Press
Adapted with permission from **Professor Jacqui Reilly**

Care Home Review
Lothian assessment against recommendations

- An assessment of the current mitigation factors, intelligence and associated factors are detailed below.
- An indicative RAG (Red – recommendation not met, Amber – recommendation partially met, Green – recommendation met) rating has been agreed with key stakeholders.
- Stakeholder interviews were undertaken and written feedback received which has been incorporated in the assessment, notes and RAG rating.
- Any gaps identified and follow up actions will be addressed by the Care Home Programme Team and relevant stakeholders.
- Progress will be reviewed and recorded monthly at the Strategic Oversight Group.

1. Care Home risk factors (resident dependency, CH size, occupancy)	Supporting factors that contribute to recommendation	Indicative RAG
1.1 It is important to recognise that any care home, irrespective of size or number of residents, is vulnerable to outbreaks, and prevention strategies at care home level and HSCP level should take account of this.	Care Home individual contingency plans Existing internal CH governance arrangements e.g. flash meetings, audits, managers walk rounds etc. Daily HSCP and NHSL huddles Mutual aid staffing Care Inspectorate guidance & support Care Home support teams TURAS	
1.2 A campaign of awareness-raising amongst Care Home staff of the particular symptoms in older people should be undertaken.	HPS posters CH staff training RESTORE 2 Care Home Support Team (CHST) Community MDT, GP, DNs etc	
Notes 1.2 ▪ Residents are living in CHs with more complex long term life limiting conditions. ▪ Extension for Community Healthcare Outcomes (ECHO) education and support model used by hospices could be developed to support CHST and CHs and allow all services to provide education, training and support.		

2 Experience in first wave	Supporting factors that contribute to recommendation	Indicative RAG
2.1 Board level and national-level lessons learned for care homes are required to be continuously reported and shared in the pandemic with the care homes and the wider system.	Care Inspectorate HSCP forums and daily huddles Scottish Care forums NHSL CH reference group Operational huddle, Strategic oversight group, Multi agency task force PAG & IMTs CPAG Pandemic Response in Adult Social Care	
2.2 All long-term care facilities (care homes, residential settings and community hospitals) need to implement active measures to prevent introduction of COVID-19 and be kept up to date with the emerging epidemiology and IPC issues.	CH Managers actively share most up to date information. CH self assessments CI Inspections HPT PAG & IMT HP/IPC Nurse for CHs TURAS Assurance visits CH support teams Resident and staff testing Visitor and professional visitor testing	Not all settings.
2.3 Additional factors found for consideration of further guidance and support include: travel associated risks in care workers, on-going variation in care homes with respect to glove use, hand hygiene, and cleaning.	National guidance and posters CH IPC champions CH peer supervision Staff competency checks Audits Training & education CI Inspections HPT PAG & IMT HP/IPC Nurse for CHs TURAS Assurance visits CH support teams PPE hub	

2.4 IPC, inclusive of its application to visiting, is critical to the sector. Care homes should have access to expert IPC advice to support local risk assessment and a mechanism should be developed to enable sharing of what works well, in terms of applying the national guidance in a local context.	HPT HSCP forums CH own IPC leads New investment of 1 WTE B7 HP Nurse and 4 WTE B6 HP Nurses for Care Homes National addendum for the NIPCM NES education webinars National Care Home IPC Manual pending Feb 2020 CHST liaison CET	
Notes 2.2 The 108 Care Homes for older people have been identified as the current priority however there are an additional 79 Care Homes in Lothian and 187 Registered Care at Home services which are supported at HSCP level.		

3. Data landscape and digital infrastructure	Supporting factors that contribute to recommendation	Indicative RAG
3.1 IMT systems need connected within and between boards to enable outbreak management and network analysis to be further enabled	HPT HP Zone TURAS HSCP databases Scottish Executive Nurse Directors (SEND) Director Public Health (DPH) networks	Out with scope contribute to developments.
3.2 Intelligence sharing across the system of national organisations supporting the pandemic needs strengthened to inform national action planning in support of local needs.	DPH SEND Care Inspectorate Scottish Care Coalition of Care Providers Scotland (CCPS) Health & Safety Executive intelligence shared by CHs	Providers across the 4 UK nations.
3.3 The TURAS safety huddle system should consider wider winter preparedness and broader IPC needs as part of planned future developments and how the system might move to be used for local improvement.	Limited as not 100% compliance and some system errors. Evolving database Transforming roles National H&SC standards common to all Quality Framework for Older Adults (CI)	Out with scope contribute to developments and feedback issues.

3.4 Support in building capacity and capability for data systems to be used by care home staff for quality improvement is required.		Out with scope but will contribute.
3.5 Care homes should ensure preparedness for any potential outbreak by maintaining a current register of all required staff and resident data.	Care Homes lists Can this be held somewhere else as access to this data delays testing for the testing team Timeliness of requests No consistent approach to what's required to standardise request for resident details Secure email accounts Information Governance	
Notes 3.4 Current intelligence sharing via HPT, CI, DPH, SEND and Scottish Care. Needs a national system in the future		

4 Early Warning Systems	Supporting factors that contribute to recommendation	Indicative RAG
4.1 TURAS, and supporting processes for its use in the HSCP and care homes, should continue to be further developed to ensure it can be used as effectively as possible as an early warning system.	Corporate monitoring of compliance with TURAS HSCP daily huddles and monitoring of TURAS Problems highlighted and followed up with SG HPT Sit Rep Summary of TURAS collated and monitored weekly by CH Programme Team DPH RAG and weekly return to SG	Limited confidence in TURAS. Not fully compliant.
4.2 Care homes should be supported to use the TURAS data for local improvement.	HSCPs CH managers & IT access Care Home Programme Team Corporate CH team Scottish Care & CI	

4.3 A further detailed review of staffing rosters and workforce capacity should be considered based on the findings from the TURAS indicator data, it may be helpful for care home oversight groups to work collectively with care homes in the use of workforce tools to enable system level planning and mutual support.	Resident dependency tool CH Manager and providers responsibility Mutual aid through Staff Bank Specific CH department being developed in the Staff Bank (very early stages)	Out with scope but will contribute.
Notes 4.2 Compliance with TURAS currently sits around 90%. Compliance lower at weekends.		

5 Testing	Supporting factors that contribute to recommendation	Indicative RAG
5.1 Urgent action should be taken to ensure parity of access to testing and speed of response for care home and wider NHS and agency staff deployed there.	Increased capacity for Outbreak Testing Team Triage system for priority with testing in place CHs undertaking own resident testing High prevalence of Covid-19 mitigates the requirement for a confirmatory NHS test.	Developing picture.
5.2 Urgent action to ensure suspected outbreaks in care homes result in all staff and residents being quickly tested and there are no delays to total turnaround time from sample being taken, to results being reported back.	Capacity issues Logistics Cumbersome process with labels	All being addressed at a local and National level.
Notes 5.1 & 5.2 Standard Operating Procedure to standardise the information required for testing across Lothian will be circumvented by the Regional Hub for testing through NHS.		

6 IPC knowledge and expertise	Supporting factors that contribute to recommendation	Indicative RAG
6.1 Local IPC capacity requires to be developed at H&SCP level and with HPTs to support care homes with expert IPC advice which is risk based, proportionate and supports compassionate care in a homely setting.	New investment of 1 WTE B7 HP Nurse and 4 WTE B6 HP Nurses for Care Homes will have geographical HSCP responsibility HPT CH IPC Leads CH staff knowledge of IPC	Recruitment underway.
Notes		

7 IPC indicators	Supporting factors that contribute to recommendation	Indicative RAG
7.1 IPC indicators (such as hand hygiene compliance) should be routinely monitored in care homes and comparative reporting over time developed – TURAS should be considered for further development to encompass this.	CH audits & spot checks Competency assessments Internal CH governance arrangements CI Inspections CHST visits HP/IPC Nurse for CH visits HSCP daily calls TURAS recording	Variation in implementation across CHs.
7.2 Monitoring systems for IPC compliance in care homes should be further developed.	Internal CH governance arrangements IMT &PAGs CI Inspections Assurance visits Support from HP/IPC Nurse for CHs	Out with scope but will contribute.
7.3 Further work is required to develop SICPS as part of day to day practice in care homes settings.	Scottish Social Services Council CH staff CH Providers HPT CHST New investment of 1 WTE B7 IPC Nurse and 4 WTE B6 IPC Nurses for Care Homes	
7.4 The TURAS dashboard needs to be used by care home managers and by HSCP in order to provide assurance in relation to safe staffing, escalation and IPC.	TURAS recording with 90%complience HSCP follow up if gaps in TURAS	
Notes 7.2 Strong feeling that this should be around improvement rather than monitoring systems. 7.3 Variation with IPC SICPS implementation across CHs in HSCP and NHS Lothian. 7.4 Limitation of TURAS in identifying IPC assurance – IPC field need reviewed as question not robust. TURAS planning fields to record Covid-19 vaccines.		

8. Leadership	Supporting factors that contribute to recommendation	Indicative RAG
8.1 Organisations should take steps to ensure the emotional wellbeing of all staff, with a particular focus on care home managers, through providing access to support and signposting to the range of resources currently available.	CH local arrangements CH support and supervision arrangements OSCaRs Psychology Helpline (national & local) Scottish Care CI	
8.2 Consider access to enhanced leadership training, mentoring and leadership networks.	SSSC NES CI	Out with scope but will contribute.
8.3 A national information campaign should be considered for care home staff to ensure information is well understood in relation to how personal behaviour can impact on their role whilst at work, to include social distancing, cigarette breaks, car sharing, and remaining vigilant to risks at all times.	Awaiting National campaign CH Managers and staff HSCPs CHST CI Scottish Care Lothian sharing relevant information and updates through operational huddle	Out with scope however local arrangements in place.
Notes 8.2 We need to improve future planning, career progression and pathways, preparing the workforce.		

9. Training and education	Supporting factors that contribute to recommendation	Indicative RAG
9.1 Development of a mandatory induction module for IPC, in partnership between SSSC and NES, should be undertaken as soon as is practicably possible.	Underway with NES & SSSC	Out with scope but will contribute.
9.2 Consider a supportive education model where care homes educators roles are developed to support every care home in Scotland.	New 1 WTE B7 and 3 WTE B6 CH educators in the Clinical Education Team (CET) CH HP Nurse roles Care Home Education and training group with subject experts Care Home Support Teams (CHST) SSSC/NES/CI Care Academy	CET recruitment underway. Being recruited to.

9.3 Workforce development needs for IPC requires to be considered for all staff in care homes and those providing IPC support to this sector.	SSSC/NES/CI HSCP HPT CHST CET CI Scottish Care	Knowledge & skill pathway under development
Notes 9.2 Inconsistent delivery model with CHSTs across Lothian resulting in variable HSCP support for education and training Underway ▪ Dedicated new posts in CET and CH HP/IPC staff with geographical relationship management to support CHs in Lothian. Link with CHSTs ▪ Care Academy at early implementation phase but this will ensure consistent equitable access to Training and Education for CH staff and expand career options. ▪ Need improved links to NES & SSSC which will happen through the new posts and the Care Academy ▪ More training required on deteriorating residents and clinical skills		

10. Relationships	Supporting factors that contribute to recommendation	Indicative RAG
No specific recommendation for relationships other than acknowledging the importance of continuing to develop relationships across the system.	HSCP huddles and calls, CHST HPT calls/visits, PAGs & IMTs Daily Lothian huddle, Strategic Oversight Group Multi Agency Group as required CET CI, Scottish Care forums DPH SEND Forums Informal contacts	
Notes Stakeholders commented that formal meetings and informal arrangements were well developed.		

11. Guidance and local adoption	Supporting factors that contribute to recommendation	Indicative RAG
11.1 HSCP planning using a multimodal approach to IPC is required; this may be supported by national IPC lead organisations such as ARHAI Scotland.	HSCP HPT CHST CET CI Scottish Care Technical challenges for delivery methods of training	
11.2 The new national care home manual for IPC planned for completion in December 2020 should be produced with a multimodal strategy plan for dissemination and implementation.		Out with scope but HPT contributing.
11.3 National organisations should be mindful of the impact of publication of guidance on days towards the end of the week or over weekends, and the availability of senior managers to support interpretation, dissemination planning should be considered as part of the guidance development process.		Out with scope.
11.4 Most recent versions of guidelines should clearly highlight the additional information or changes from the previous version.	CH Website WebPages team and editors	
Notes		

12. Inspection arrangements	Supporting factors that contribute to recommendation	Indicative RAG
12.1 Undertake a thorough review of the joint inspection process to ensure a truly integrated approach to inspection in care homes is in place.	NHSL rep on CI Inspections	Out with scope but contributing to developments.
12.2 Ensure that relevant professional national IPC expertise is at the centre of the process, to provide a consistent level of expertise and support.	NHSL knowledge and skills expected to support CI Inspections	Ongoing discussions. New staff supporting.
12.3 At present the operation of the wider company structure is out with the scope of Care Inspectorate scrutiny, and consideration should be given to extending its remit to corporate entities.		Out with scope but will contribute to developments.
Notes		

13. Carer perspectives	Supporting factors that contribute to recommendation	Indicative RAG
13.1 Context specific care home level guidance is required locally, in line with national guidance, for visiting and care practices within the individual home that makes it easy for consistency in application of IPC needs in a risk based and proportionate way to enable compassionate care in a homely setting.	Scottish Government CHs HPT HSCPs CI Scottish Care	Out with scope but contributing to developments
13.2 Provision of a 'Visiting champion' or other similar arrangement is desirable in ensuring that advice and guidance relevant to specific contexts is readily available and consistently applied.	CH specific	Out with scope but will contribute to developments
Notes		

14. Built environment	Supporting factors that contribute to recommendation	Indicative RAG
14.1 Infection prevention and control specialist support for individual care homes is required when considering the built environment and risk assessment.	Care Inspectorate HPT HSCP HCST Environmental Health CH planning HAI SCRIBE	Out with current scope but will contribute to developments.
14.2 Risk assessment inclusive of advice relating to the built environment covering areas such as fire and falls is required, to ensure that no unintended consequences of changes in the built environment due to IPC measures are present.	Care Inspectorate HPT HSCP HCST Environmental Health CH planning	Out with current scope but guidance given from HPT in relation to COVID-19.
14.3 Ventilation guidance should be considered nationally to share general principles to mitigate transmission risks re aerosols over the winter months in care homes	Care Inspectorate HPT HSCP HCST Environmental Health CH planning	Out with current scope but guidance given from HPT in relation to COVID-19.
Notes		

15. Raising concerns	Supporting factors that contribute to recommendation	Indicative RAG
15.1 Consider extension of the whistle blowing service to all staff across the health and care sectors.	CH policies SG CI HSCP policies Council policies NHS regional policy	Out with scope but will contribute to developments.
Notes		

Appendix 6 Promoting Partnership – Support for Care Homes and Delayed Discharge Winter 2021

(SG Letter 22nd January 2021) Lothian Status on 16th February 2021

Support for Care Homes

Issue	Lothian Perspective	Partnerships
Leadership at a local level		
1. Local multi-disciplinary oversight arrangements are in place and as robust as possible.	• Daily Operational Huddle (Mon to Fri) and weekly Strategic Oversight Group work effectively and good relationships. • Robust record keeping and action logs.	**East Lothian** • Daily multi East Lothian have daily Care Home Huddle via Microsoft Teams in place. Chaired by Chief Nurse and attended by Chief Officer, CSWO, Social Workers, Care Home ANP, Clinical Director and Commissioning team. Others attend as required e.g. Mental Health CNM , Psychology. • All meetings are minuted and an action log is in place. **Midlothian** • Daily multi agency Care Home huddle in place in line with guidance. **West Lothian** • Multi- disciplinary daily oversight arrangements are in place. These cover older people care homes in West Lothian and also care homes for younger adults. A range of tasks has been undertaken by the Care Home Clinical and Care Professional Oversight Group including; hosted and chaired virtual fortnightly care home forum for independent/internal care homes to share experiences, guidance and provide support. The forum is well attended and feedback received is very positive. • Engaged with NHS Lothian Operational and Strategic group, Health Protection, Care Inspectorate and Scottish Care. Daily communication with GPs, Nursing teams and the dedicated NHS Care Home team. • Provided oversight of PPE stock and staffing levels, ensuring support was provided when required to all care homes. Access to local PPE hub was vital to enable the group to respond quickly and to adapt to changes in guidance or stock availability. • Assurance visits to each care home by a dedicated team consisting of social work and NHS clinical teams. Assurance visits evaluated each care home in West Lothian. • Assurance reports were presented and scrutinised by the group with follow up actions agreed and a RAG status awarded to each care home. • Care home staff testing was closely monitored and action plans implemented where care homes where not completing 100% weekly tests. • Supported care homes to implement guidance associated with recommencing visiting arrangements - ensuring risk assessment and visiting protocols met guidance criteria to be submitted to Health Protection for their approval.

		• Additional support was provided to care homes to enable safe admission where residents were unable to self-isolate due to dementia or 'walking with purpose'. • Analysis of fortnightly Care Inspectorate reports for themes and any learning for our quality assurance teams to consider. • Supported and coordinated National Care Home Day on 15 July in an attempt to display the good work being undertaken by care home staff. **Edinburgh** • These are in place at both an operational and tactical level and we have good links in place across the pan-Lothian oversight arrangements. • Groups chaired by the Chief Officer and Chief Nurse and the Chief Social Work Officer and the team closely involved in support of this work.
2. Use of data contained within the Safety Huddle Tool to support earlier intervention	• Reviewed weekly for the weekly report. Also ad hoc in response to specific enquiries. Still some inaccuracies and missing data from CH input. • Sit Rep more accurate but still some discrepancies due to timely reporting from CH.	**East Lothian** • There is a strategy officer dedicated to working with the Care Homes to support use of the tool. • Strategy Officer reviews and reports on the data collected and monitors for consistency. • Discussed at daily huddle. • Some Care Homes have required a significant amount of support with completion of the tool. **Midlothian** • Work undertaken to ensure Care Homes appropriately completing Turas, some confusion in line with testing and vaccinations. On line training session planned as part of weekly engagement with all care home managers. • Data reviewed daily by Multi agency team to inform support required. This is 7/7. **West Lothian** • Ensuring 100% compliance across all care homes with the daily Scottish Government question set. This is supported via daily calls to each care home over a 7-day period since May 2020. **Edinburgh** • We have an officer who pulls reports from TURAS and this is reviewed and reported on to the Edinburgh Care Home Oversight Group along with 'soft' local information and intelligence.
IPC and care standards and practice in care homes		
3. Supportive joint assurance visits **must** take place in January/February 2021	• New Lothian template is in use for 2nd round. Will be inputted into JISC survey tool to assist with reporting.	**East Lothian** • The first round of support visits were done jointly so staff are familiar with the model • A timetable for the second visits is completed and these have commenced. • The timetable has been established and has a blend of health care professionals and social workers who are familiar with the care home. **Midlothian** • Weekly visiting to Care Homes by staff in Care Home Support Team continue.

		• Full assurance visits planned for all homes and will be completed within timeframes. Initial visits completed, with relevant action plans in place/completed. **West Lothian** • In terms of existing arrangements, in West Lothian second round assurance and support visits using the assurance tool developed by NHS Lothian have been undertaken to all older people care homes from October 2020. 4 of the 16 care homes for older people have also been subject to Care Inspectorate scrutiny within this time period. • Reviewing of residents living within West Lothian care homes who have not had a recent review has now commenced. • Round one assurance and support visits using the NHS Lothian assurance tool are in progress across the care homes for younger adults in West Lothian. **Edinburgh** • Timetable for visits is in place by the Care Home Support Team. • Edinburgh has 64 Care Homes and this is a large undertaking especially given the skills and knowledge expected to undertake the visits, however we have good learning from the previous visits.
4. IPC training will be accelerated.	• New posts providing additional capacity - Care Home Education Team posts - IPC Community posts - Quality Improvement posts	**East Lothian** • East CHST has been established for several years and includes education team as well as advanced Nurse practitioners and Nurse practitioners. **Midlothian** • Currently expanding care home support team to increase capacity and deliver additional education support. • Use of NHS Lothian education team to provide education sessions in place. • Use of NHS Lothian IPC team to do supportive visits. **West Lothian** • West Lothian have utilised the support of the NHS Lothian Education team to facilitate education and training in Infection prevention and control for care home staff on site and this has been positively received. • The Advanced Nurse Practitioner care home support team provides 7 day support to care home staff and clinical assessment and care provision for residents. **Edinburgh** • Care Home Support Team is being expanded to support this and we have good arrangements and support in place from NHS Lothian.
5. IPC support as required.	• New IPC Community posts.	**East Lothian** • HSCPs linked in and support given from HPT /IPC team when requested through ops huddle/PAG/IMT/Multi agency task group.

	• Challenge with shortage of qualified IPC Nurses.	**Midlothian** • Midlothian is linked in to Lothian wide supports and support given from HPT /IPC team when requested through ops huddle/PAG/IMT/Multi-agency task group. **West Lothian** • West Lothian HSCP welcomes the decision of NHS Lothian to secure a dedicated care home specialist infection control nursing team to support the care home sector aligned to each HSCP area. We see this a critical opportunity to provide specialist knowledge and expertise for enhance infection prevention and control scrutiny and support within care homes and enable the development of a more sustainable approach to assurance of care standards and infection control practices moving forward. **Edinburgh** • As above.
Resilience support for struggling/failing care homes and impact on residents and wider services NHS Boards, Local Authorities and HSCPs must have a planned approach to support for care homes.		
6. Standing teams must be in place. ***SG 'W/b 18th Jan we will provide guidelines on what teams could look like' Not received as yet***	• Mutual aid staffing and Care Home. • Staff Bank CH team in initial phase of development. • Very challenging impact on resources to support this.	**East Lothian** • Implemented locally when required. **Midlothian** • It is not possible in terms of staffing capacity to have a team on standby to deliver this. However there is recent experience within Midlothian when we needed to provide significant support to a care home and we were able to fulfil this task. A similar model will be adopted if required. Care Home support team expanded on a permanent basis to provide a more robust preventative approach. **West Lothian** • West Lothian is fully committed to supporting the care home sector and enabling the appropriate care of its most vulnerable citizens. The HSCP has experience of supporting care homes where there has been significant impact of COVID 19 infection and actively engage with NHS Lothian Health Protection team undertaking PAG's and IMT's. West Lothian have also instigated Multi Agency Task groups where care home concerns have escalated and a joint approach to managing risks have been productive in helping the care home move forward in managing these risks and stabilising the care home . • The WLHSCP daily oversight arrangements have been in place since the commencement of the pandemic but in current form since May 2020 and offer a systematic process to gain intelligence on which care homes have emerging problems. • Working in partnership with the care homes to support their staffing levels and improvement plans has been beneficial in building good relationships. Whilst there are challenges in securing and using agency staff in crisis situations it is a resource that can be accessed involving

		personnel who have some experience in care home work. Every effort has been made and will continue to be made to support any struggling care homes and prevent care home failure. • NHS Mutual Aid arrangements are already in place and are systematically deployed where required. • However, we do not deem it feasible to have a team of staff on stand-by ready for deployment. • A number of factors contribute to this. The most significant of these include that there is no agreement or policy that permits council employees to be deployed in non- council care settings. • We would suggest that the current arrangements of active support to the care homes to ensure they have sourced adequate staffing and the Mutual Aid arrangements that are in place provide the most realistic approach to managing the acknowledged and significant risks of any care home failing. **Edinburgh** • We do not have the capacity to have a standing team in place for this and it must also be recognised that we can have more than one home struggling at any time. We have a plan in place for the eventuality of a home / homes requiring help and a process to follow which pulls on the required disciplines in the event of intervention being required. This can be tailored to the particular needs in the home at the time and the areas of pressure – e.g. leadership and management/ staffing etc.
GP and primary care support		
7. All care homes should have a GP practice aligned to them with clear expectations set out.	• Letter from Tracey Gillies & Alex McMahon with clear expectations to GPs	**East Lothian** • GP support in place as required. • ELCHST have direct access to lead practice and work collaboratively on anticipatory care planning , urgent care and end of life support . **Midlothian** • All residents have a designated GP and support is in place as required. **West Lothian** • All Care homes have a linked GP practice and access to Community Nursing and Mental Health services. The Clinical Director for Primary Care is proactive in maintaining communication with the care homes and GP practices. We recognise this is best practice. **Edinburgh** • In place.
8. GPs and AHPs and district nurses (where there is no nursing provision in the home) should check at least weekly with the home manager and		**East Lothian** • East do this – ANP led CHST. **Midlothian** • Support is offered via the care home support team. The team then link with relevant professionals as care planning required.

provide ad-hoc support on symptoms and concerns on demand.		• Daily calls made to care homes to ascertain any support that may be required. **West Lothian** • The Care Home Support team and Hospital at Home provide clinical expertise and care for people to remain at home often when there are additional nursing or medical needs that traditionally would require admission; they are now being managed at home. • Having Advance Nurse Practitioners working in all of the care homes has enhanced the expertise and confidence of the care home staff to manage more complex care for end of life care, deteriorating residents and residents who walk with purpose . For the 4 Local Authority care homes a team of community nurses from the aligned GP practice undertake the complex aspects of nursing care on a visiting professional basis. **Edinburgh** • Support provided by both our Care Home Support Team and Residential Review Team depending on requirements.

Supporting improvement in hospital flow and reducing delayed discharges

Planning begins for discharge at the earliest opportunity		
9. You ensure that along with your Council and HSCP colleagues, planning commences for discharge as soon as possible on admission with an emphasis on Home First and Discharge to Assess.	• Planning for discharge starts as soon as possible on admission	**East Lothian** • There are many elements of the Home First and Discharge 2 Assess approaches that are already implemented and in place in East Lothian. • Expediting the availability of Care at Home services will enhance the ability to deliver on a Home First model, work is currently underway to improve access to care at home services. **Midlothian** • Dedicated local Flow team in place to manage flow • Single point of access established for Home First • Significant recurring investment to Home First team to increase capacity • Patients are tracked daily as soon as they are admitted to hospital to ensure that interventions to enable smooth discharge are in place. • Flow team based in acute receiving hospital each morning to review all Midlothian patients **West Lothian** • WLHSCP have a daily flow huddle that focuses on patients who may have ongoing support or rehab needs on discharge. This flow huddle is made up from representatives from both the acute sites and partnership teams and has representatives from Social Work, Nursing, Therapy, Reablement, Carers of West Lothian, Community Nursing to name but a few. This group works towards a planned discharge date involving early discussion around discharge planning. This approach has seen patients avoid becoming delayed in their discharge and being discharged on

		their planned discharge date. The WL team also work for people who are identified as being delayed in their repatriation back to another clinical site following surgery. The Partnership team works towards a direct discharge home as an alternative to moving to another site where there is no clinical requirement. **Edinburgh** • Home First and Discharge to Assess both in place • Seeking to work with acute colleagues on working to a Planned Date of Discharge.
10. You ensure that arrangements are to ensure appropriate resources are in place to effect equitable seven day discharges year round.		**East Lothian** • Integrated Care Allocation Team available 7 days in ELCH. **Midlothian** • Significant additional investment to add capacity Home First team, Community respiratory team and Hospital@ Home team to provide 7/7 cover. **West Lothian** • Additional recruitment has taken place for hospital at home to move to 7 days 8-8pm. The Care Home team is also 7 days a week. Finally Discharge to Assess also supports prevention of admission and are working across 7 days. • WLHSCP plan for discharge at the earliest opportunity to involve the patient through a person centred approach. Providing support with collateral information particularly as many patients are already known to services to avoid the person becoming delayed unnecessarily. This is evident from the reduced length of stay performance and a reduction in delayed discharge. **Edinburgh** • Home First and Discharge to Assess now working 7 days a week.
Ensuring safe care is provided in line with the resources available		
11. You ensure that along with local authorities and HSCPs a minimum, but safe level of support that must deliver an entitlement to care support based on assessed social care need is made available to patients and their cares in order to expedite a timely discharge from hospital. This will require your staff to communicate sympathetically that this is about keeping people safe and	• S28 Carers act - Carers must be involved in discharge arrangements.	**East Lothian** • This requires further work by the full multi-disciplinary team to consider safe and equitable application. • In East Lothian, in-patient assessments and 'Request for Service' are primarily delivered by AHPs. • Further discussion and planning required from a number of teams and resources. **Midlothian** • Care requirements are determined with patient and family involvement. • A person centred mode is in place "What matters to you" approach. • No packages of care have been cut by Midlothian HSCP unless reablement approach is reducing need. • Daily flow meetings in place to discuss right care option for each individual, with monitoring in place to ensure timely transition.

that the safest place is home in the current circumstances.		**West Lothian** • The main limiting factor in this is service capacity and workforce availability **Edinburgh** • Home First approach works with individuals and their families and carers in respect of appropriate assessment and safe and effective discharge and care arrangements. • Important also to recognise that post discharge arrangements are always subject of review as people's needs change.
Rapid redeployment of Local Authority staff currently unable to work in their usual place of work		
12. You should engage in early discussions with your council CEO counterparts if you have not already done so to ensure that sufficient redeployment of non-social care and social work staff from within the council workforce are as much as possible being made available to support social care in the council area.		**East Lothian** • ELHSCP have had support from council, NHS Lothian as required in specific situations relating to outbreaks in Care Homes. **Midlothian** • Good support from colleagues across council where they have skills that can support the partnership. • Particular support from Sport and Leisure staff who have supported the HSCP throughout the pandemic. • Training programmes redesigned to support staff moving into carer roles. **West Lothian** • While redeployment policies are in place, they apply to within council resources only and they are voluntary. Most social care tasks will involve personal care and the requirement for a particular set of skills to ensure appropriate care in a registered care services thus there are not significant numbers of other employees able to simply step into these roles. • Most staff unable to work in their usual place of work have been supported to work remotely and are fully deployed. This is particularly the case with social work staff given the pressures the pandemic has brought. **Edinburgh** • We have had good support from CEC colleagues and leadership across the pandemic with support in relation to our response. • We have not had recourse to move non-care staff into caring roles however and have managed this within existing care and support professionals.
Incentivise faster admissions to Care Homes where appropriate		
13. You should ensure that patients with capacity and their families should be encouraged by hospital discharge teams	• These arrangements are currently in place for CHs but not 'b.	**East Lothian** • These arrangements are currently in place for CHs but not 'b. 2 negative tests' Care at Home but need to check re **interim CH placement .** **Midlothian**

and their social worker to be discharged on an **interim basis** to care homes which may not be their first choice until vacancy in desired care home becomes available. In order to facilitate this, families will need to have confidence that an interim step is appropriate in current circumstances and are aware of the risks of remaining in a hospital that treats both covid and non covid patients. You will need to ensure that: a. The receiving care home will be Covid free and all staff and residents will have been vaccinated. b. Patients being discharged will require 2 negative COVID test results (currently the case) c. Patients being discharged will be offered a first dose of the vaccination before leaving hospital (this can be done alongside current vaccination work in hospitals). d. On admission to a new care home, new residents will be isolated for the first 14 days (currently the case to protect the individual and other residents, but will also allow immunity to develop).	2 negative tests' for Care at Home but need to check re **interim CH placement**	• Where appropriate interim placements are explored with families and individuals. People are then supported to move to a home of their choice when able. • Admissions in line with SG/legislative guidance are in place. • Intermediate care beds in use to support onward care assessment and planning. • All local Care home operates to current SG/HPS Covid guidelines (isolation period, social distancing, visiting etc). **West Lothian** • Interim placements are already routinely discussed and promoted as part of the discharge planning process. • We would suggest it is too early to give an absolute commitment to 100% vaccination of patients prior to transfer to a care home as work is underway across NHS Lothian to facilitate this .Residents and staff have had first COVID vaccinations and second is being coordinated. Additionally, while vaccination is robustly encouraged it remains voluntary for both residents and staff. • Social Work assessment takes place alongside the medical recovery rather than some models that take a sequential approach. This allows for early engagement with the patient and their family along with working with the multi disciplinary team towards a planned discharge date. **Edinburgh** • We have invested in additional interim capacity as part of our mobilisation plans and this is pursued with people and their families where appropriate.

AWI patients		
14. Be advised that Scottish Government is currently exploring the potential for any easements that might be able to be made that could allow more AWI patients to be more quickly discharged from hospital through interim arrangements. We will keep you informed of progress as early as possible.	• Await SG guidance.	**East Lothian** • No easement as yet. **Midlothian** • Guidance clear that easements not viable. Clear process already in place to make use of 13za where possible. All staff are clear about this process. **West Lothian** • No change from SG **Edinburgh** • We understand that this potential option is not viable based on the internal advice provided in the Sc Government. We will continue business as usual in deploying the use of 13za where families are in agreement.

Appendix 7 Multi-agency Task Force Group Terms of Reference

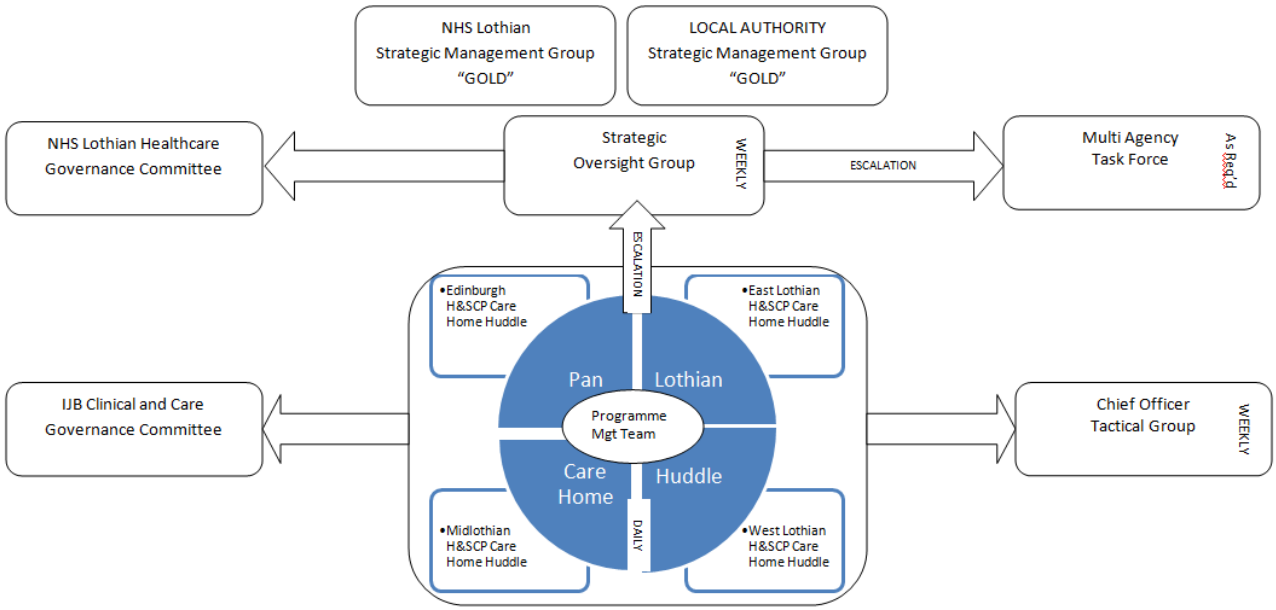
TERMS OF REFERENCE

TITLE

Multi Agency Group – Care Homes and Care at Home

Governance/Escalation

The Governance for Care Home Support Governance Framework



The Multi Agency Task Force is an escalation point for the Strategic Oversight Group

OBJECTIVE

The Multi Agency Group is a Chief Officer led group which will be convened in the event of intervention being recommended or where risks and issues cannot be resolved elsewhere.

The group will be scenario driven with two main scenarios evident that will call for the group to take action.

- There is a risk that owners of a care home will walk away from the responsibilities of running the care home.

- There is an active and consciences decision from the partnership to discuss the possibility of taking over responsibilities of the running of a failing care home.

Both these scenarios can be driven by escalation from the Pan Lothian Operational Group via the Strategic Oversight Group or through the Partnerships

ROLES AND RESPONSIBILITIES

The Multi Agency group will:

- Provide a point of escalation for the Strategic Oversight Group where risks and issues cannot be resolved
- Convene to discuss the scenario of a care home failing
- Convene to discuss the possibility of care home owners walking way from responsibilities of the home and the consequences there off.
- Provide a platform for mutli agencies to discuss said scenarios
- Agree legislation and authority of actions to address scenarios
- Provide oversight and professional leadership and support in relation to clinical and care governance standards (within the care home and care at home context)

MEMBERSHIP

The membership of the Multi Agency Group will be role driven.

All members are expected to attend meetings when required. Where they are unable to attend, they must nominate a deputy with delegated authority to make decisions on their behalf.

Project Role:	**Responsibilities:**
Chief Officer CHAIR	• Chair group meetings and actively contribute to decisions and the achievement of deliverables and objectives.

	• Sign off decisions, ensuring the group are content with the process and how the outcome was reached.
Executive Director, Nursing, Midwifery and Allied Healthcare Professionals	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Chief Nurse	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Nurse Director Primary Care	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
Medical Director	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Professional Lead for all nursing services within HSCP
CLO	• Provide legal advice • Review and approve all group documentation. • Actively contribute to group decisions.
Director Public Health	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Convene Incident Management Teams (IMT). • Co-ordinate findings from Enhanced Outbreak Response Team.
Chief Social Worker	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Care Inspectorate	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.
Partnership	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions.

Infection Control	• Provide the link back to IPC and support the group as a route to allocate resources as required to support HPT. • Communication link to IPC service • Review and approve all group documentation. • Actively contribute to group decisions.
Public Health	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions. • Providing infection control advice and education in use of PPE, social isolation, environment disinfection and use of communal space. • Providing professional epidemiological advice to all tactical groups in operational and forward planning.
Corporate Nursing – Programme Manager	• Provide Working subject matter expertise. • Review and approve all group documentation. • Actively contribute to group decisions
Senior Project Manager	• Provide Project Management expertise and methodologies to the Project Team and support the Project Lead. • Ensure that work is appropriately planned and tasks are allocated to the appropriate members. • Provide project Quality Assurance and ensure the group operates in a manner that is consistent with its remit and the governance structure.
Admin Support	• Produce minutes and notes from meetings • Support Project Management duties

Others will be co-opted in and can attend as required.

FREQUENCY OF MEETINGS

The group will meet when required Additional meetings and teleconferences may be arranged as necessary.

PAPERS

Papers will be issued in advance each meeting. Members of the group who are required to provide papers will ensure papers are submitted to the project manager as soon as possible.

LIFESPAN OF GROUP

The lifespan of this group will run until the project has been closed. The membership of the group will be reviewed as necessary as the project progresses.

Appendix 8: Lothian Care Home Support Roles and Responsibilities (v5 27.08.2020)

Role / Body	Accountability	Responsibility	Covid-19 Specific	Relevant Legislation, Policy, Standards
IJB Chief Officer	• Leadership and implementation of strategic plan • Integration and transformation health and social care • Commissioning Social Care Capacity	• Strategic Role		• Community Care and Health (Scotland) Act (2002) • Public Bodies (Joint Working) (Scotland) Act (2014) • Health & Social Care Standards (2018)
Health & Social Care Partnership (HSCP) Joint Director	• Commissioning • National Care Home Contract • Environmental Health	• Operational Management Teams for HSCP Care Homes • Provision NHS wrap around support from community teams • Care Home Support Teams • Lothian Unscheduled Care Service	• Implementation of Health and Social Care Mobilisation Plans ▪ 'Wrap around' support ▪ Testing ▪ Response to outbreaks ▪ Workforce redeployment • Ensuring provision of PPE is available (when required) through designated Hubs • Primary Care Tactical Group	• National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic (May 15 2020) • Cabinet Secretary Letter multi professional oversight of care homes from local authorities and Health Boards (17 May 2020)
HSCP Chief Social Work Officer	• Standards of Care • Public Protection • Adults with Incapacity • National Care Home Contract – application and monitoring • Provision of Care Home Services • Environmental Health	• Arrangement and review of placements in accordance with needs and circumstances of individuals • Initiation and management of Large Scale Investigation (LSI) protocol • Procurement		• Adults with Incapacity (Scotland) Act 2000 • Public Services Reform (Scotland) Act 2010 • Regulation of Care (Scotland) Act 2001 • Mental Health (Care & Treatment) (Scotland) Act 2003 • Adult Support and Protection (Scotland) Act 2007 • Health & Social Care Standards (2018)

Role / Body	Accountability	Responsibility	Covid-19 Specific	Relevant Legislation, Policy, Standards
HSPC Chief Nurses	• Professional nursing lead within HSCP as delegated by Executive Nurse Director	• Professional Lead for all nursing services within HSCP • Roles vary across Lothian with some having operational responsibility for some services.	• Monitoring standards of care • Workforce support through mutual aid • Daily support to care homes as required • Education & training including infection control and PPE	• Health & Social Care Standards (2018)
Executive Nurse Director	• Professional Nursing Leadership, Support and Guidance	• Care Home Support Project Team • Care Home Strategic Oversight Group • Workforce Mutual Aid • Scottish Government Care Home Data returns • Provide NHS support to the Care Inspectorate/HIS inspections	• Infection Control / PPE • Workforce Requirements: ▪ provision of mutual aid ▪ education and training – allocation of clinical education practitioner to each HSCP to work in partnership with Care Home Support Teams • Standards of Care through undertaking supportive reviews and visits with each care home • Supporting testing, outbreak management and ongoing surveillance	• Cabinet Secretary Letter multi professional oversight of care homes from local authorities and Health Boards (17 May 2020) • Cabinet Secretary Letter Health Board Executive Nurse Director Variation Order (18 May 2020)
Medical Director	• Medical and Pharmacy Support	**General Practice Responsibilities** • Care Home Anticipatory Care Local Enhanced Services • Lead Practice Role	• Supporting GP role in care homes – medical treatment of Covid-19 and palliative care • Allocation specialist medical consultant in elderly medicine to each HSCP • Allocation liaison pharmacist to each HSCP to support integrated pharmacy service to care home residents • Support around Anticipatory Care Planning	• Cabinet Secretary Letter multi professional oversight of care homes from local authorities and Health Boards (17 May 2020)

Role / Body	Accountability	Responsibility	Covid-19 Specific	Relevant Legislation, Policy, Standards
Director of Public Health	• Outbreak prevention, management and control	• Convene Incident Management Teams (IMT) • Co-ordinate findings from Enhanced Outbreak Response Team • Provide Health Protection support	• Enhanced Outbreak Response Work Plan • Enhanced Outbreak Testing • Test and Protect	• Public Health (Scotland) Act 2008
Health Protection Team	• Investigation and Control Communicable Diseases	• Providing infection control advice and education in use of PPE, social isolation, environment disinfection and use of communal space. • Providing professional epidemiological advice to all tactical groups in operational and forward planning.	• Convening Problem Assessment Groups (PAG) and IMTs for new and complex outbreaks of Covid 19 • Care home surveillance of Covid 19 • Working with community outreach to ensure testing in care homes with outbreaks is done and results are conveyed back to those tested • Provision of information to care home managers (Covid-19 Incident or outbreak control tool May 2020) • Contact trace positive cases (complex setting as part of Test and Protect), risk assess and exclude from work as required	• Public Health (Scotland) Act 2008 – Managing Public Incidents in Scotland Roles & Responsibilities • Provision of compensation for loss of earnings to individuals affected by orders (e.g. self-isolation)

Role / Body	Accountability	Responsibility	Covid-19 Specific	Relevant Legislation, Policy, Standards
Care Home Manager	• Accountable to the provider • Leadership and Management of care home facility, staffing and people experiencing care • Registered manager	• Standard for care in line with Health and Social care Standards and promote people's human rights while acknowledging the restrictions placed on people due to multiple occupancy • Promoting quality care and support in line with Care Inspectorate quality framework, using self - evaluation. • Involving those experiencing care in self evaluation • Ensuring compliance with the requirements of the Scottish Social Services Council, NMC and other relent professional bodies • Raising and reporting issues, concerns and complaints about the care service with the provider	• Notification of potential Covid-19 cases to Health Protection and the Care Inspectorate • Provision of PPE to staff in line with HPS guidance • Ensuring appropriate social distancing • Support for staff testing in line with government requirements • Support for staff who are required to self-isolate, including guidance of financial compensation • Undertaking risk assessment for visiting in line with HPS and Scottish Government requirements • Daily submission of care home data via national digital portal • Reporting any concern relating to the management of COVID-19 to the provider	• Public Services Reform (Scotland) Act 2011 and secondary legislation, in particular SSI 210 • Adults with Incapacity (Scotland) Act 2000 • SSSC code of Practice for Social service workers • Health and Social Care Standards (2018) • Nursing & Midwifery Council (2015) • Regulation of Care (Scotland) Act 2001 in relation to SSSC registered staff
Care Home Provider	• Accountable to the Care Inspectorate to meet conditions of registration • Meeting all legal requirements relating to care home ownership and provision of care	• Assessing and appointing a care home manager who is fit, as defined in secondary legislation • Ensuring care home manager has sufficient resources (e.g. workforce, technology, training, equipment, consumables, utilities) to provide a safe standard of care	• Assurance that care home staff are adhering to IPC and PPE guidance from HPS • Ensuring supply of PPE in line with HPS guidance • Ensuring staff who are required to self-isolate are direct to appropriate financial compensation • Ensuring the setting of the care service is clean,	• Public Services Reform (Scotland) Act 2011 and secondary legislation, in particular SSI 210 • Adults with Incapacity (Scotland) Act 2000 • All other relevant legislation • SSSC code of Practice for Social service employers • Health and Social Care Standards (2018)

	outlined in primary and secondary legislation. • In doing so take account of the Health and Social Care Standards	• Application of any variation of registration • Employment of suitably fit, qualified and competent staff in the right numbers to meet people's needs and wishes • Maintaining oversight of workforce capacity in relation to care demands of people experiencing care • Assurance that standard for care are met in line with Health and Social care Standards • Working with and notifying relevant information for the Care Inspectorate and Scottish Social Services Council	hygienic and not a risk to people's health and wellbeing • Applying for variations to registration where service provision needs to change to accommodate COVID-19 related issues • Oversight of adherence to risk assessment and protocols for visiting in line with HPS and Scottish Government requirements • Ensuring submission and review of daily safety huddle data via national digital portal	• Nursing & Midwifery Council codes (2015) • Regulation of Care (Scotland) Act 2001 in relation to SSSC registered staff
Independent Sector Lead Scottish Care	• Ensuring the voice of those who access social care and those who provide services is heard • Ensuring quality care is available to all who need it • Accountable to EHSCP/Scottish Care	• Representation independent sector social care providers (including residential & nursing care & care at home) • Ensuring the sector is represented at a governance level within Health and Social Care Partnership structures • Leading service improvement of the Independent Sector, in conjunction with EHSCP organisations and individuals • Workforce Planning • Monitoring capacity	• Provision of information on Covid-19 to care homes care at home users and providers • Provide Covid-19 Resources to Care Home and Care at Home Providers	• Adults with Incapacity (Scotland) Act 2000 • Public Services Reform (Scotland) Act 2010 • Regulation of Care (Scotland) Act 2001 • Mental Health (Care & Treatment) (Scotland) Act 2003 • Adult Support and Protection (Scotland) Act 2007 • SSSC code of Practice Social • Health and Social Care Standards (2018) • Nursing & Midwifery Council (2015)
Scottish Social Services Council (SSSC)	• Regulator for social service workforce in Scotland	• Setting standards for practice, conduct, training and education	• Provide Covid-19 Resources to social care staff	• SSSC Code of Practice for Social Service Workers and Employers (2016)

	• Registration of care workers • National lead workforce planning & development			• Regulation of Care (Scotland) Act 2001

Role / Body	Accountability	Responsibility	Covid-19 Specific	Relevant Legislation, Policy, Standards
Police Scotland	• Improve the safety and wellbeing of persons and communities • Public Protection	• To support and contribute to local multi agency response in relation to Adult Protection matters and instigate criminal investigations where necessary. • To conduct proportionate investigations of deaths occurring within the community.	• Gather additional information on death notifications received by Care Inspectorate for Crown Office and Procurator Fiscal (but not contact care homes directly)	• Adult Support and Protection (Scotland) Act (2007) • Police and Fire Reform (Scotland) Act 2012 • Adult Support and Protection Standard Operating Procedure

Appendix 9 Principles underpinning the Supportive Plan for Care Homes

Principles underpinning the Supportive Plan for Care Homes

The fundamental principles underpinning all work with care homes are set out in the Health and Social Care Standards (Scottish Government, 2017)

Dignity and respect
- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion
- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included
- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support
- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing
- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

The Supportive Plan for Care Homes involves a multi-agency approach with a range of organisations that have long established relationships. These include Local Authorities, Health and Social Care Partnerships, Primary Care, Care Inspectorate, Scottish Care, Health Protection, Public Health, Public Protection and Police.

Following the directive from Cabinet Secretary on 17th May 2020 there are new and additional responsibilities for multi professional oversight of care homes from local authorities and Health Boards in the following five areas:

- Testing, outbreak management and ongoing surveillance
- Workforce requirements and supply of mutual aid
- Infection prevention and control, including PPE and cleaning requirements
- Education and training
- Supportive reviews

The Chief Nursing Officer and Chief Social Work Officer for Scotland have placed emphasis on collective ownership and leadership of this particular situation in care homes.
In line with these requirements and in recognition of the new requirement of Executive Nurse Directors having accountability for the provision of nursing leadership, support and guidance within the care home there is a commitment to:

- Abide by the core NHS Lothian values of Quality, Dignity & Respect, Care & Compassion, Openness, Honesty & Responsibility and Teamwork in all our engagement with care home staff and residents.
- Engage with multi-agency partners to ensure that we co-produce our approach to this supportive arrangement.
- Recognise the existing roles, regulation requirements and management responsibilities of care home providers, Health and Social Care Partnerships, Integrated Joint Boards, Care Inspectorate, Public Health Scotland and Health Protection Scotland.
- Focus on the key elements of the revised guidance from the Cabinet Secretary in relation to:
  - Infection Control / PPE
  - Workforce Requirements: through the provision of mutual aid and any required education and training that complements existing functions.
  - Standards of Care through undertaking supportive reviews and visits with each care home
  - Supporting testing, outbreak management and ongoing surveillance
- Work in partnership with care homes to develop and support the delivery of action plans in relation to the key elements above.
- Provide access to NHS infrastructure and support services that the care homes wish to engage in.

Appendix 10 NHS Lothian Corporate Risk Register

(v2 23.10.20)

Risk 5034 – Care Homes

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Protect and improve the health of our population	There is an ongoing risk to the health and well-being of care home residents and staff from Covid-19 outbreaks. This is as a result of the potential for community transmission to a vulnerable population and the enhanced requirements for infection prevention and control within non-clinical environments. Health Boards have been given additional responsibilities for	4984 – Covid-19 3726 – Delayed Discharge **Associated Plans** • NHSL Covid 19 Mobilisation Plan • NHSL Nursing and Midwifery Covid 19 Mobilisation Plan • NHSL Care Home Framework	**Governance and management** Healthcare Governance and Board will receive timely updates • Multi-agency Strategic Oversight Group, Chaired by Executive Nurse Director meets weekly • Multi-agency Daily Operational Huddle, chaired by Nurse Director Primary Care • Informed by each HSPC daily care home huddle • Dedicated Care Home Programme Team within Corporate Nursing • Supportive Visits Assurance tool and process – all care homes reviewed June-September 2020 • National Digital Safety Huddle Tool (including staff testing) - – 7/7 updates from each care home • Multi agency stakeholder engagement • Mutual aid staffing arrangements via Staff Bank	Covid 19 care home outbreaks Daily reporting of KPIs through national digital safety huddle Weekly DPH reporting to SG on care home testing Completion of Supportive Visit Assurance reviews	**October 2020 Update** Governance arrangements established and working effectively Multi-agency relationships working effectively Initial assurance reviews completed in all older people care homes across the HSCPs with individual and HSCP action plans Involvement of NHS Senior Nurses in un-announced inspections co-ordinated by the Care Inspectorate with Healthcare Improvement Scotland inspectors Workforce planning: • enhanced Health Protection Team to

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions

	multi professional oversight in organisations that they have no formal jurisdiction over. This presents potential reputational, political and legal risk to NHS Lothian.	**Assurance Committee(s)**
		
		Healthcare Governance
		
		Grading
		• **High 12**
			Policies, procedures and plans
			• Care Home Framework encompassing:
			  • Agreed principles of working
			  • Agreed multi-agency roles and responsibilities
			  • Governance structures with agreed terms of reference and escalation plans
			  • Agreed relationship with Care Inspectorate for regulatory inspections and assurance reviews
			  • Data management – TURAS Digital Portal
			  • Outbreak management – testing and support
			  • Education and training capacity
			  • Pharmacy and medical capacity
			
			Adequacy of controls
			Moderate – 6 months into new arrangements and more reliable data available via Turas Digital Portal
					support testing and outbreak management
					• Substantive Care Home Support infrastructure within Corporate Nursing, including infection prevention and control
					• Care Home Education Facilitators
					
					Development of Lothian Care Home Support Website to support communication, specialist referrals, education and training and staff wellbeing
					
					Provision of mutual aid is challenged by capacity of Staff Bank to fill requested shifts. Initiating development of specific Care Home Staff Bank for registered and support staff (including domestics/facilities)

Coronavirus enhanced professional clinical and care oversight of care homes

RISK MANAGEMENT STRATEGY

Author:	Donald Boyd
Date:	June 2020
Version:	0.2

CONTENTS

INTRODUCTION

Risk is defined in the Integrated Risk Management Approach (IRMA) as the chance of something happening that will have an impact on objectives. Although the word 'risk' usually has negative implications, it is important to recognise that activities involving risk can have positive as well as negative outcomes.

Risk management is the culture, processes and structures used to manage risk. Implementation of a comprehensive, effective risk management approach is an essential part of programme and project management, which must control and contain risks if a project is to stand a chance of being successful.

For the purpose of this document, risk is defined as the chance of something happening that will have an impact on programme and project objectives.

The processes described in this document, if used correctly, will reduce the potential negative impact of risks for the programme and the organisation as a whole; and will identify opportunities for improving programme and project outcomes.

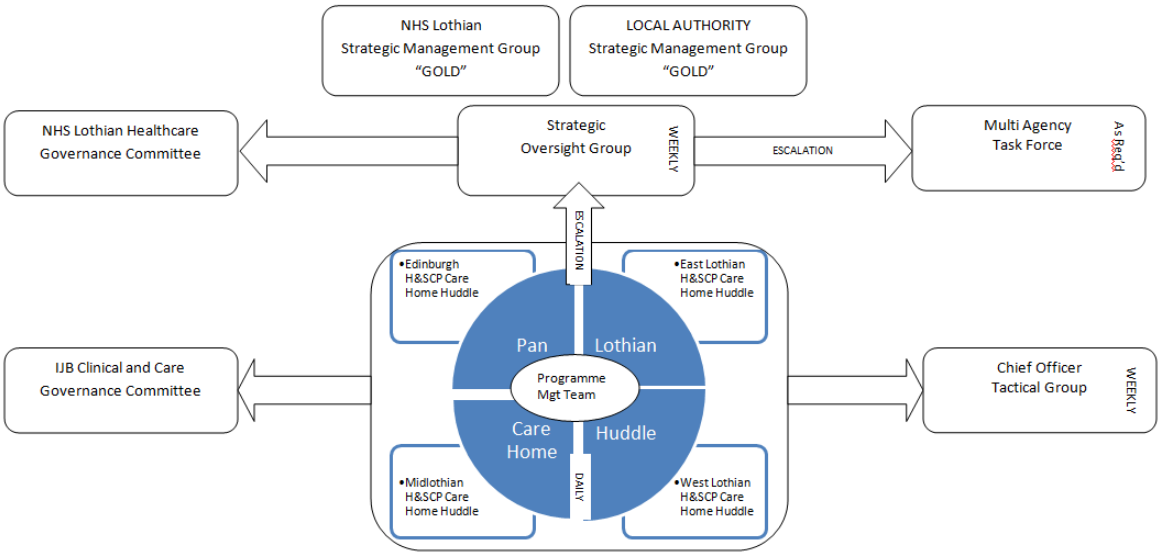
1. PURPOSE

The Risk Management Strategy will:

- Provide a risk management approach which can be consistently implemented across the programme;
- Ensure that reliable, up to date information regarding risks affecting the care home programme is available to those managing relevant aspects and components;
- Ensure that before key decisions are taken by the Care Home Strategic Oversight Group, full consideration is taken of the risks involved;
- Clarify roles and responsibilities in the risk management process;
- Ensure there are processes in place to regularly monitor and manage risks across the programme;
- Continuously improve the risk management approach within the programme and ensure the quality of risk information held is to a level that allows the programme to be managed and controlled appropriately;

3. GOVERNANCE OF RISK

The diagram below outlines the agreed programme governance structure which has been implemented.



4. RISK PROCESS

All risks, regardless of their duration, will follow the same process which can be outlined as follows:

- Identifying the risk
- Assessing the risk
- Documenting the risk
- Managing, reporting and reviewing the risk
- Closing the risk

Each of these process steps is detailed further below.

4.1 Identifying the risk

All members of staff have a role to play in identifying risks associated with the programme. Risks can be identified from a number of sources including:

- The Pan Lothian Operational Daily huddle
- Strategic Oversight Group
- Individual stakeholder

4.2 Assessing the risk

Risk can be assessed as the combination of the **likelihood** of an event occurring and the **impact/consequence** of the event. Establishing how we assess likelihood and impact is key to determining the risk rating and subsequent actions to be taken.

4.2.1 Likelihood

The likelihood of an event occurring once can be assessed either quantitatively (% occurrence) or qualitatively (chance of occurrence). The most appropriate method should be selected in each case.

Having assessed the likelihood of the event happening, the following table should be used to determine the likelihood score (1 – 5) for the event. For example, if the chance of an event happening was 50% the score would be 3.

Likelihood			
Score	**Description**	**% Occurrence**	**Chance of Occurrence**
1	Rare	0 – 15%	Hard to imagine this event happening – will only happen in exceptional circumstances.
2	Unlikely	15 – 35%	Not expected to occur but might – unlikely to happen.
3	Possible	35 – 60%	May occur – reasonable chance of occurring.
4	Likely	60 – 80%	More likely to occur than not.
5	Almost Certain	80 – 100%	Hard to imagine this event not happening.

4.2.2 Impact/Consequence

The impact on the programme of an event happening should be assessed using the criteria outlined in the table below In addition, any impact on timescales will be assessed covering the period from when the risk is raised to the anticipated conclusion of the programme.

Impact					
		Category			
Score	Description	Business	Staff	Clinical	Reputational
1	Negligible	• Financial impact of <£10k • Project delays <2% of remaining timescales • Minimal impact - no operational disruption • IG Adverse Event with negligible business impact	• No obvious harm to staff • Minimal disruption to staff • Very minor delay in recruiting staff • IG Adverse Event with negligible staff privacy impact	• Interruption to a service which does not impact on the delivery of services to patients or the public or the ability to continue to provide service • No obvious harm to patient/public • IG Adverse Event with negligible privacy/ clinical impact	• Rumours – no interest to the press • No damage to reputation with stakeholders • Overspend of <5% of Budget • IG Adverse Event with negligible reputational impact.
2	Minor	• Financial impact of £10k-£100k • Project delays 2%-5% of remaining timescales • Minor impact on service provision	• Minor H&S incident due to unsafe working environment or working practice • Minor staff complaint • Short term vacancy • Small number of staff not informed, trained, involved in decisions, treated fairly & consistently • IG breach with personal data relating to <10 staff that poses low privacy risk	• Minor effect on the health impact of our services • Short term disruption to service with minor impact on delivery of services to patients/public • Minor injury – first aid treatment required • IG breach with personal data relating to <10 staff that poses low risk to privacy and has no impact on their health but causes localised inconvenience or delays	• Some public embarrassment • Minor damage to reputation with stakeholders • Minor effect on staff morale • Overspend of 5-15% of Budget • IG breach which results in an adverse finding but no enforcement action by an external regulator
3	Moderate	• Financial impact of £100k-£250k • Project delays 5%-20% of remaining timescales • Some operational objectives partially achievable	• H&S incident with some harm • Staff unrest • Key post vacant for some time • Moderate number of staff not informed/ trained/ involved in decisions/ treated fairly & consistently • IG breach with personal data or privacy/ data breach relating to between 10-100 staff members • IG breach with sensitive staff information causing negative staff impact	• Moderate effect on the health impact of our services • Some disruption in service with unacceptable impact on delivery of services to patients/public • Medical treatment and/or counselling required • IG breach with personal data or privacy/ data breach relating to between 10-100 individuals • IG breach with sensitive clinical information	• Regional media – long-term adverse publicity • Moderate damage to reputation with local Stakeholders (> 1) • MP concern • Moderate effect on staff morale • Overspend of 15-40% of Budget • Enforcement action with no monetary penalties by an external regulator

Impact					
		Category			
Score	Description	Business	Staff	Clinical	Reputational
4	Major	• Financial impact of £250k-£1,000k • Project delays 20%-50% of remaining timescales • Significant impact on service provision	• Severe H&S incident • Industrial action • Unable to recruit skilled staff to key roles for extended period • Significant number of staff not; informed/ trained/ involved in decisions/ treated fairly & consistently • IG breach with personal data or privacy/ data integrity breach relating to >100 staff • IG breach with highly sensitive personal information which could affect the health or safety of >1 individual	• Major effect on the health impact of our services • Sustained loss of service which has serious impact on delivery of services to patients/public (resulting in major contingency plans being invoked) • Extensive injury/ major harm • IG breach with personal data or privacy/ data integrity breach relating to >100 individuals • IG breach with highly sensitive personal information which could affect the health or safety of >1 individual	• Scottish media – adverse publicity of less than 3 days • Major impact on reputation with stakeholders nationally • Significant effect on staff morale • Overspend of 40-60% of Budget • Maximum enforcement action by an external regulator
5	Catastrophic	• Financial impact of >£1,000k • Project delays >50% of remaining timescales • Unable to function/ total failure in service provision including irrecoverable loss of operational data	• Death causing termination of operations • Prolonged industrial action • Sustained loss of key groups of staff • Staff not; informed/ trained/ involved in decisions/ treated fairly & consistently • Loss/ integrity of data or privacy breach relating to several Health Boards or on a national scale that impacts large numbers of NHS Scotland staff	• Severe effect on the health impact of our services • Permanent loss of service or facility • Incident leading to death or major permanent incapacity • Loss/ integrity of data or privacy breach relating to several Health Boards or on a national scale that could impact large numbers of individuals	• UK wide /International media – adverse publicity of more than 3 days. • Ministerial concern. Court enforcement. Public inquiry. • Severe impact on reputation and stakeholder relations national/international • Overspend of >60% of Budget

4.2.3 Risk Rating

Once the likelihood and impact of a risk has been rated, each risk will then have a single score which is calculated by multiplying the likelihood and impact ratings. This single score determines whether a risk is Red, Amber or Green (RAG). The table below outlines the scores and how these relate to the RAG rating of a risk.

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

KEY

Risk rating	Combined score	Action/Treatment
HIGH	**15 – 25**	**Poses a serious threat. Requires immediate action to reduce/mitigate the risk.**
MEDIUM	**9 – 12**	**Poses a threat and should be pro-actively managed to reduce/mitigate the risk.**
LOW	**1 – 8**	**Poses a low threat and should continue to be monitored.**

4.3 Documenting the risk

All risks will be documented on the risk register.

Unique Ref No	Details the unique identifier for the risk
Risk Description	Details the description of the risk in clear unambiguous language. Suggest that all risk descriptions start with “There is a risk that….”.
Area affected	Details what part of the programme the risk is most likely to be associated with
Date Raised	Date when risk was raised
Raised by	Details the person who raised the risk.
Likelihood	Details the likelihood score of the risk,
Consequence	Details the impact score of the risk,.
Risk Exposure Rating	Details the combined score of the risk
Risk Level	Red, Amber or Green status
Current Controls to mitigate	Details the activities to be undertaken in order to mitigate the risk. Details should be provided by the Risk Owner.

Further Mitigation	Details the activities which have been taken to date in order to mitigate the risk.
Risk Owner	Details the person responsible for managing the risk.
Proximity Date	Details the date when the risk could potentially become an issue.
Date of Next Review	Details the date the risk will next be reviewed.

4.4 Managing, reviewing and reporting the risk

Responsibility for the day to day management of individual risks lies with each risk owner reporting to the project team to which the risk belongs. Risk owners will be responsible for providing an update on the progress of the actions for their risks and will provide this to the project team within agreed timescales. The review of risks and how this is addressed by each group is shown in the table below.

Forum	Issued in advance of the meeting	Discussed at the meeting	Actions post meeting
Project Team	▪ Full risk register for that project and its workstreams.	▪ All red and amber risks. ▪ Any green risks (managed by that workstream) which are due to be reviewed according to the risk review date in the risk register.	▪ Risk Register updated following discussions at the meeting.
Strategic Oversight Group	▪ Full Risk Register,.	▪ All red and amber risks ▪ Any green risks which are due to be reviewed according to the risk review date in the risk register. ▪ Any risks which have been escalated by the Project Team(s).	▪ Risk Register updated following discussions at the meeting.

5. RISK ESCALATION

The purpose of a risk escalation process is to ensure that each risk is reviewed at the appropriate time by the appropriate governance group. Risk escalation in this context does not involve a transfer of ownership, responsibility or accountability; rather it is a mechanism to provide the Oversight group with visibility of risks that have hit the escalation trigger

For each escalated risk, the Oversight Group will be asked to have a view as to the appropriateness or otherwise of the mitigating action proposed by the risk owner and will provide feedback accordingly.

6. ROLES AND RESPONSIBILITES

The **Risk Owner** is responsible for:

- Identifying and implementing a mitigation plan, obtaining support where necessary
- Managing all aspects of the risk(s) assigned to them including the action plan
- Reporting on progress against mitigating actions to Project Team
- Regularly reviewing the risk rating
- Ensuring that risks assigned to them on the Risk Register are kept up to date

7. PROGRAMME AND PROJECT ISSUES

The process for Programme issues will follow a similar path to that of Programme risks:

- Identifying the issue
- Assessing the issue
- Documenting the issue
- Managing and reporting the issue
- Closing the issue

For the purpose of this document a project issue is a risk that has become a reality and needs to be reviewed immediately.

7.1 Identifying Issues

Issues will be identified through two routes:

- A previous risk which has now been realised
- A change in events which has resulted in a question being raised for which there is no answer

Once an issue has been identified, the next step will be to assess the issue before it is documented.

7.2 Assessing Issues

Issues will be assessed using the same guidance as outlined in section 4.2 above. The only difference will be that there is no likelihood score as the risk has occurred. The impact of the issue will depend on the impact the issue has on the project objectives using the impact scoring categories outlined in section 4.2.2 of this document.

7.3 Documenting Issues

The table below outlines each of the headings in the Issue Register and provides guidance on how these should be populated:

Issue ID	Details the unique identifier for the issue.
Originating Request	Details the number of the originating request.
Date Raised	Details the date the issue was raised.
Issue Owner	Details the person responsible for managing the issue.
Issue Status	Details whether the issue is open or closed.
Issue Description	Details the description of the issue in clear unambiguous language. Suggest that all issue descriptions start with “There is an issue that….”.
Impact Description	Details the impact of the issue on the project.
Action Plan	Details the activities to be undertaken in order to address the issue. Details should be provided by the Issue Owner.
Action Plan Update	Details the activities which have been taken to date in order to address the issue.
Date of Next Review	Details the date the issue will next be reviewed.

7.4 Managing and Reporting Issues

Issues will be managed on a day to day basis by the Issue Owner in the same way that a Risk Owner manages a risk, the responsibilities are the same. The issue owner will

be responsible for reporting progress to the group. All issues with an impact of 2 or above are to be escalated to the next level of authority in the governance structure for action. Upon receipt of the issue, the receiving group will review the issue scoring and decide whether to:

- Accept the issue and agree ownership of the issue along with a revised action plan
- Pass the issue back to the originating group with recommendations on how the originating group should manage the issue going forward
- Escalate the issue further

All issues, regardless of score, will be reported to the Oversight Group at every meeting

7.5 Closing Issues

Once the action plan for the issue has been implemented, the issue owner will review the issue and decide whether further actions are required or whether the issue can be closed.

If the issue can be closed, this will be discussed at the next meeting where the issue is being reviewed. If it is agreed that the issue can be closed, the issue will be noted as closed and will be moved to the closed issue register. If it is still an ongoing risk the issue would be closed and the risk would revert to being managed in the usual way.

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Approvals: This document requires the following signed approvals:

Name:	Title:	Date:	Version:
Alex McMahon	NHS Lothian Executive Director of Nursing		

Appendix 12 SBAR Care Home Intelligence

Situation
Accurate care home data is vital to inform effective decision-making and escalations in response to the enhanced oversight given to NHS Boards in May 2020. Data sources are varied and there is evidence that these may not always be consistent and in some elements may be inaccurate. Attempts are made, where possible, to triangulate data sources in order to improve reliability. Accurate data on positive tests of staff and residents is vital to inform outbreak management and prioritisation of care home outbreak testing. Recent increases in care home outbreaks has created pressure on outbreak testing capacity, which has necessitated the development of a care home priority testing protocol. It is essential that all internal and external communications relating to care homes, including those prepared by the Communications Team are based on an agreed accurate data source.
Background
The scope of NHS Lothian's role is to add value to existing infrastructure, systems and processes and to provide assurance in the following areas; it does not to replace existing responsibilities and accountabilities. • Testing, outbreak management and ongoing surveillance • Workforce requirements and supply of mutual aid • Infection prevention and control, including PPE and cleaning requirements • Education and training • Supportive reviews What is currently place Governance Governance arrangements for the oversight of care homes were put in place in May 2020 and the Care Home Strategic Oversight Group has met weekly since then (Appendix A). The Care Home Framework includes clarity over roles and responsibilities of all stakeholders, principles and values underpinning this work and terms of reference for the standing operational and strategic groups and for any multi-agency groups that are convened in response to escalation of concerns. **Meetings** Decision-making and escalations are informed by regular communication involving the following meetings: • HSCP huddles - daily • Pan Lothian – Operational Group – daily • Strategic Oversight Group – weekly • Multi Agency Group – as required. **A. Existing Data Sources** 1. Situation Report (Sit Rep) Produced by Public Health from data in HP Zone and issued daily at 10am, following review at 9am meeting. The Sit Rep details care homes with confirmed and suspected Covid-19 outbreaks based on identification of positive resident or staff tests. From week beginning 26th October 2020 the updated Sit Rep has become the key source of information for the daily

pan-Lothian operational meeting and facilitates discussion, decision-making and follow up at HSCP and corporate level.

Key elements include:

• **Residents** – suspected cases, confirmed cases, Covid-19 deaths	• **Staff** – confirmed cases, numbers awaiting NHS test results	• **Health Protection Team** response – contact with the care home, record of dates 14 & 28 days Covid free
• **Testing** – Tier allocation for prioritisation by Care Home Outbreak Team (Tiers 1-4 – Appendix 2)	• Dates of **PAGs/IMT**	• Comments and Actions

Given the importance of this data source it is being reviewed by the Operational Group to ensure determine if any required changes or additions are needed. This will be completed on 6th November.

2. TURAS

This national digital portal was introduced in August 2020 and is a key data source for the Scottish Government for examination of trends at a national and Health Board level. Access to TURAS is on a named basis at HSCP and corporate level with control by the NES Digital Team.

The portal is updated by individual care home managers on a daily basis, before 5pm, and therefore is reliant on the accuracy of the information at the point of entry. There is some evidence that there are occasional errors (particularly in relation to reporting of staff testing data). Compliance with the TURAS system is around 84% on a weekly basis and further work is required to determine reasons and patterns of non-response, which are followed up at HSCP level.

Each HSCP reviews their own TURAS data on a daily basis through their own review processes. A Board level review is undertaken on a weekly basis by the Care Home Support Programme Team and is submitted via the Care Home weekly report to highlight issues and trends from previous weeks and, where necessary, to escalate issues for discussion at the Strategic Oversight Group.

There can be some discrepancy between the self-categorisation of outbreak status on TURAS and the Sit Rep, based on the timing and understanding of the categorisations by the care home manager. The Sit Rep should be seen as the most accurate data source but may not correlate exactly with data held at SG level.

3. Tableau

The Lothian Analytics Team established this dashboard in April 2020 and it draws data from from iLabs and Lighthouse labs and TRAK. Access to this dashboard is controlled and is more limited than TURAS. Data accuracy is partly dependent on coding and in particular interpretation of post codes to confirm care homes. There is a difference between the number of recorded care home deaths on Tableau and those published by National Records Scotland. Reporting of positive tests correlates well with the daily Sit Rep.

Other data

- **Supportive Visits –** records have been kept at HSCP and corporate level of the dates and outcomes of all supportive visits.
- **Mutual Aid –** this is reported by the Staff Bank for the weekly report and includes requested and filled shifts for registered, non-registered and domestic staff. This permits monitoring of demand and fill rates. Financial data is reported quarterly in the Healthcare Governance Report
- **Education** – the Clinical Education Team keep records of all contacts and education/training sessions undertaken with individual care homes. This work has been underpinned by an 'Over Arching Educational Approach' for care homes that was developed in November 2020. This includes consistent communication and reporting pathways, including escalations of concern.
- **NHS Net emails –** an essential mechanism for secure communication of resident related information and reporting of test results. Data on number of care homes with emails is reported weekly and followed up at HSCP level. A short life working group is being convened to improve processes and use of these accounts.
- **Care Inspectorate Inspections** – all Covid-19 related inspections supported by NHS Senior Nurses and Health Improvement Scotland are recorded internally with the outcomes and ratings.

B. Testing Team Capacity

The accuracy of the data is vital to inform decisions around prioritisation of care home testing in the event of a suspected or confirmed outbreak. The Care Home Outreach Team has experienced significant challenges with capacity over the past few weeks, leading to the development of the Testing Priority Tier System (Appendix 2) by the Public Health Consultants, Health Protection Team, Care Home Support Programme and Care Home Outreach Team Lead.

There have been positive steps in building Care Home Outreach Team capacity in the last week with recruitment of additional staff through the Staff Bank that are in the process of induction and training. This should lead to the creation of 4 outreach testing teams that will split the workload to Tier 1 & 2 priorities (2 teams) and Tier 3 & 4 priorities (2 teams), with flexibility to work across tiers if required.

Assessment

- There is a need for a single narrative for the data intelligence on care homes.
- The Public Health Sit Rep, which is updated and reviewed daily, is regarded as the most robust data source for monitoring outbreak-related care home information.
- Health Protection Team use the Sit Rep data to inform decision-making on allocation of individual care homes to priority for outbreak testing in the event of a confirmed or suspected outbreak.

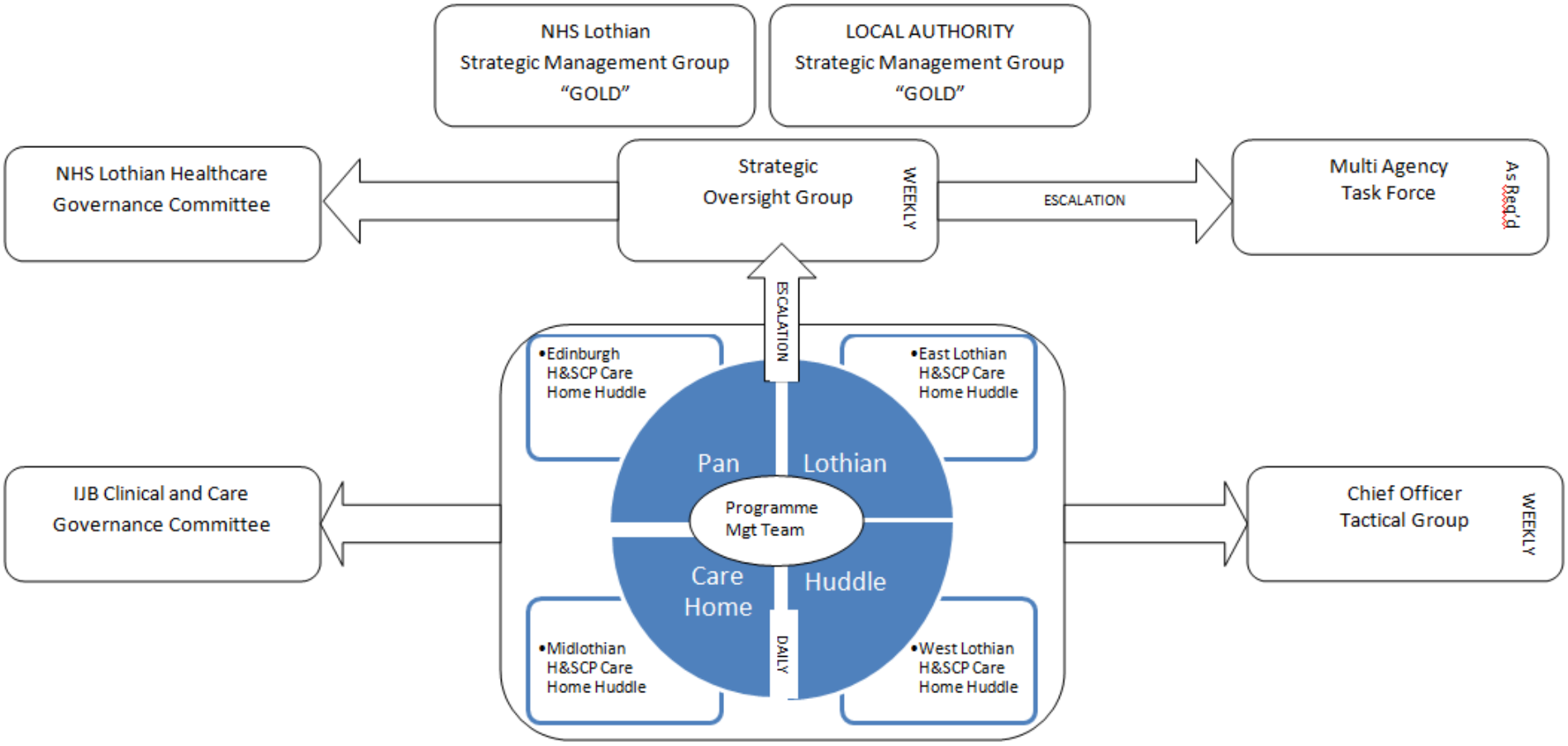
Recommendations

The Gold Group are recommended to

- Approve the Public Health Care Home Sit Rep as the basis of the single narrative of data.
- Approve the Tier-based Care Home Testing Priority Protocol
- Approve that all internal and external NHS Lothian communication use the Sit Rep report as the primary data source.

5th November 2020 Care Home Support Programme Team

Appendix A – Governance



Appendix B Prioritisation Process Outbreak Testing by Outreach Testing Team (October 2020)

(This is applicable to Care homes + other outbreaks e.g. prisons, homeless accommodation, care at home services, learning disability units, young people units)

Tier 1: New outbreak

Aim: to be tested by COT team within 24hrs of receiving staff/resident lists

Primary Factors	Secondary Factors
1 or more resident positive	High number of residents who walk with purpose/unable to adhere to self-isolation
2 or more staff positive (especially if symptomatic)	History of IPC/PPE issues e.g. raised by care inspectorate
	Bigger setting

Tier 2: New outbreak

Aim: to be tested by COT team within 48hrs of receiving staff/resident lists

Primary Factors	Secondary Factors
Only 1 staff positive (particularly if asymptomatic)	Low number of residents who walk with purpose/residents able to self-isolate well
Likely external source of transmission explaining staff member positive	No previous concerns of IPC/PPE issues e.g. raised by care inspectorate
YPU or Learning disability unit where general age <50	Smaller setting
	Good control measures in place

Tier 3: Existing outbreak where first round of testing completed

Aim: to be tested by COT team within 7-8 days from last round of testing

Primary Factors	Secondary Factors
Only one round of testing completed	2 or more staff tested positive after first round of testing
One or more residents tested positive after first round of testing	

Tier 4: Existing outbreak where first round of testing completed

Aim: to be tested by COT team within 8-9 days of last round of testing

Primary Factors	Secondary Factors
2-3 rounds of testing already completed (but known to have ongoing transmission)	Only one staff member and no residents tested positive after first round of testing
All staff/residents negative after first round of testing	

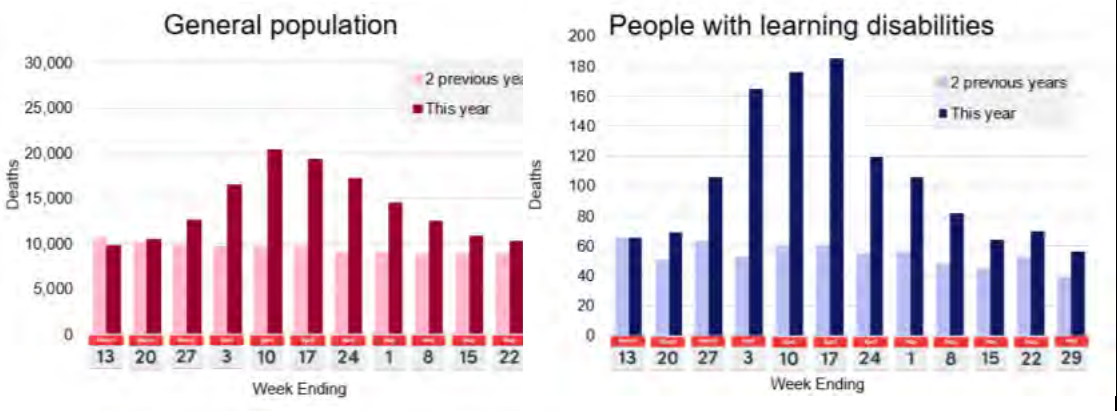
Katie Dee, Interim Director of Public Health and Health Policy

30/10/2020

Appendix 13 SBAR Oversight, Support and Testing for non-older adult care homes, as well Social, Community and Residential Care Settings in NHS Lothian

Date: 11 Feb 2021

S **ltuation**	• NHS Lothian has been given specific accountabilities for oversight and support of care homes during the Covid-19 pandemic. There is a well-developed infrastructure as well as systems and processes in place for the governance, oversight, and support of the 108 older adults care homes, particularly with regard to outbreak management. • In wave 2 of the pandemic, it has become evident that there are 'other' adult care homes, as well social, community and residential care settings for adults, young people and children, where systems and processes are needed to be put in place for oversight, support and community testing.
B **ackground**	• There are 187 care homes in Lothian - 108 for older adults (57%), 40 for children and young people in need of care and protection (21%), 26 for adults with a learning disability (14%), 9 for physical and sensory impairment adults (5%) and 1 each for substance misuse, blood-borne virus, mental health and respite care adults (Appendix A) • By contrast, of the 1080 care homes in Scotland, 815 (75%) are for older adults[1]. • The majority (81%) of the care homes in Lothian are commercial or voluntary entities. All care organisations are required to be registered with the Care Inspectorate (CI)[2]. • On 17 May 2020, Cabinet Secretary for Health and Sport wrote to the Executive Nurse Directors of NHS Scotland Boards to vary their roles and responsibilities in order that they may support the multi-professional oversight of care homes by being accountable for the provision of nursing leadership, support and guidance. In September 2020 an additional letter extended this responsibility until June 30th 2021 and specified responsibility to review care home safety huddle data and: ▪ identify where specific nursing support may be required and to develop and implement solutions [*to*] include clinical input to ensure that there are effective community nursing arrangements in place ▪ identify where specific infection control and prevention support may be required [*to*] include recommendations and review re cleaning to prevent transmission and the appropriate use of PPE ▪ support the development and implementation of testing approaches… ▪ identify and support sourcing of staffing.[3] • Besides care homes, CI also registers secure accommodation, support services (not care at home), support services (care at home, including supported living models of support), housing support and offender accommodation. • In addition to those already listed, there are also social, community and residential care settings across Lothian, which include but are not limited to:

	▪ Community based settings for people with mental health needs ▪ Community based settings for people with a learning disability ▪ Community based settings for people who misuse substances ▪ Supported accommodation settings ▪ Rehabilitation services ▪ Residential children's homes ▪ Stand-alone residential respite for adults (settings not registered as care homes) ▪ Stand-alone residential respite/short breaks services for children ▪ Sheltered housing[4] ▪ Hospice settings ▪ Prison and detention settings ▪ Housing with multiple occupancy[5] (including those run by the housing regulator) • Some hospices are registered with Healthcare Improvement Scotland as independent hospitals • There are existing infrastructures in NHS Lothian and the HSCPs that focus on the residents and services users that access these services. • The living context of many of these facilities are not directly comparable to older people care homes or acute and community hospitals. It is essential therefore that standards of practice (such as infection prevention and control) are context specific and are underpinned by appropriate levels of guidance and support.
A **ssessment**	**Complexity of Settings and Client Groups** • These settings support vulnerable people with multiple and complex morbidities and impairments. They therefore have a significantly higher risk of morbidity and mortality from COVID-19 relative to the general population. To illustrate this, the graphs below show weekly deaths, in spring 2018 and 2020 amongst the general population and the population with learning disabilities in England. In both populations, weekly deaths in 2020 were higher than 2018 as a result of COVID-19. However, the relative increase in the numbers of deaths between 2018 and 2020, appears to be greater amongst those with learning disabilities compared to the general population.  • Finally, complex characteristics of the settings put them at increased risk of respiratory virus outbreaks. For example, residents frequently live in close

	proximity to one-another, making social distancing and quarantining difficult. Additionally, control measures may be difficult to implement – hand washing may not be routine, residents may have difficulty understanding or adhering to infection control advice, and residents may also find staff PPE distressing. The staff groups will also interact with a high volume of residents and may also visit multiple homes over the course of a day, which increases the risk of transmission. **Supportive visits** • Supportive visits from HSCP teams were a specific requirement from the Cabinet Secretary in the directive in May 2020 and in the letter from Scottish Government 22nd January 2021 these are required to be repeated in all older adult care homes by end February 2021. Undertaking these second supportive visits within this timescale will be a challenge in some of the HSPCs. • There has been no specific directive from Scottish Government for supportive visits in 'other' care homes. • Following individual PAG/IMT meetings there may be a request for a supportive visit by the IMTs to an 'other' care homes or social care services, however due to capacity issues within the CHST this may not be possible or the CHST do not have the specific expertise for the context (e.g. learning disability). • Where supportive visits have been requested following IMT issues have been identified regarding IPC and PPE, which indicate that more proactive support could have been beneficial in these settings. **Support** • Outbreak management is done by Health Protection Team made up of Health Protection Nurses (HPNs) and Public Health Consultants. • Older adult care homes are additionally supported by the respective HSCP Care Home Support Teams (CHST) • There are four different models in place with varying approaches at an individual resident level to assess and manage health needs or to support the care home staff and advise on IPC/PPE and offer education and training. • In general, the CHSTs provide support to older adult care homes, although this has extended to learning disability services in recent weeks in response to outbreaks. • Not all CHST have capacity to expand their support further and not all of them have IPC expertise. • These capacity issues have meant that in some cases ad hoc arrangements have been made at IMTs for support visit to these other social care settings from NHS Lothian Infection Prevention and Control Geographical Leads or the HPNs who have IPC expertise. Given the other demands on the HPNs regarding outbreak management these support visits can be delayed or sometimes are not able to take place. • When the CHSTs help out it is unclear whether it is within their remit or whether the support is offered out of goodwill. • There are plans to develop the care home support infrastructure that will have expanded capacity in IPC and improvement and will complement the care home education team and work alongside the established CHSTs in the Partnerships. Whilst the priority for this work will remain the older people care homes, the remit will extend to the 'other' care homes and residential settings as required.

	Testing • Community outreach testing team (COT) was developed during first wave with collaboration between multiple partners including Occupational health, Public Health and Sexual Health • During the second wave, COT has been focused on outbreaks in care homes with older adults. COT has also helped with testing in other community areas (Appendix B) but are limited by capacity. • With 91% of the care home residents now vaccinated in Lothian, with dose 1, it is hoped that there will be less outbreaks in older adult care homes, and therefore some residual capacity in COT. • However, there is great deal of uncertainty about the COVID pandemic. Inspection • Scrutiny and improvement work, including inspection continue with these services by the Care Inspectorate. Specific support issues arising are raised at the Operational Group.
Recommendation	**Oversight** • Within NHS Lothian agree the oversight and governance for the non-older adult care homes, as well social, community and residential care settings sits with the existing Care Home Strategic Oversight Group (SOG). • The main focus of the SOG will remain older people care homes, however there will be opportunity for raising issues by exception regarding outbreaks, assessment of risk, sharing best practice and recommending supportive actions for non-older adult care homes and social, community and residential care settings • Relevant issues regarding outbreaks, support and testing can be raised by any stakeholder through the Care Home Operational Group and escalated as appropriate. • The daily SitRep for Social Care should be incorporated into the agenda of the daily Operational Meeting and relevant issues will be incorporated into the Care Home Programme Weekly Report. **Support** • Ensure all care inspectorate registered services and hospices are aware that they can access weekly testing • Ensure weekly testing is accessible to all social care settings described above and is co-ordinated by the COT, when recommended by the Health Protection Team • Engage community learning disability nurses and the other specialist teams for support • Establish how infection control support can be provided to these settings both proactively and reactively in response to an outbreak • Establish the remit and responsibilities of support to these settings provided by each HSCPs and their respective CHSTs. • Establish a mechanism to ensure high quality support (including the key areas of infection prevention and control, regular testing, outbreak management and staffing support), consistent across Lothian

	Testing • Ensure the COT has capacity to allow for a rapid response to outbreaks for the non-older adult care homes, as well social, community and residential care settings.

SBAR written by Dr Juliet MacArthur, Care Home Programme Team and Dr Saurabh Gupta, Consultant Public Health with input from Alison Downie, Health Protection Team and Care Home Ops group members. Consultation with Care Home Strategic Oversight Grou

Appendix A Lothian Care Homes

	City of Edinburgh				East Lothian				Midlothian				West Lothian				Grand Total
	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	**Grand Total**
Older People	9	43	13	**65**	4	12	1	**17**	2	6	2	**10**	4	12		**16**	**108**
Children & Young People	8	3	7	**18**	1	2	1	**4**	1	1	2	**4**	3	11		**14**	**40**
Learning Disabilities	2	2	6	**10**		1		**1**		1	2	**3**	2	2	8	**12**	**26**
Physical and Sensory Impairment			6	**6**											3	**3**	**9**
Alcohol & Drug Misuse			1	**1**													**1**
Blood Borne Virus			1	**1**													**1**
Mental Health Problems		1		**1**													**1**
Respite Care and Short Breaks							1	**1**									**1**
	19	49	34	**102**	5	15	3	**23**	3	8	6	**17**	9	25	11	**45**	**187**

Appendix B - One Off Visits by Community Outreach Testing team (Aug 2020 – Jan 2021)

Service	Numbers	Supportive Visit
Hospice	1	
Hostels	18	Included staff training
Learning Disability	18	
Custody Suites	3	Included staff training
Sheltered Housing/Supported Accommodation	32	
Immobile/Frail	33	
Vulnerable Children Units	2	
Residential High-Risk Offenders	3	
Individual Care Home Visits	27	
Care Home Admission	16	
Total	153	

Appendix 14 Care Home and Social Care Stakeholder Learning Disability Meeting

Purpose

To provide the opportunity for a discussion around prevention of and support during a Covid-19 outbreak in care home, social care and supported living settings for people with a learning disability, children and young people and other adult services.

Aims

1) To confirm the range of settings and how these relate to the two different guidance documents developed by Health Protection Scotland
    a. COVID-19 - information and guidance for social, community and residential care settings https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-community-and-residential-care-settings/
    b. COVID-19 - Information and guidance for care home settings https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/
2) To consider the need and benefit of having specialist learning disability input into Operational Meetings originally set up to support Older People Care Homes that now include overview and support of other care homes, social care and supported living.
3) To establish ongoing communication channels between NHS Lothian corporate functions such as Health Protection, Infection Prevention and Control, Care Home Programme Team and Clinical Education with Partnership specialists for these services.

Name	Role	Representing
Juliet MacArthur	Chief Nurse Research (Chair of Meeting)	Care Home Programme Team
Maggie Byers-Smith	Lead Nurse Quality & Standards (Care Homes)	Care Home Programme Team
Donald Boyd	Programme Manager	Care Home Programme Team
Audrey Pringle	Team Lead, Care Homes (QI & Standards)	Care Home Programme Team
Dr Saurabh Gupta	Consultant Public Health	Health Protection
Cath Morrison	Programme Manager Public Health	Health Protection
Lindsay Guthrie	Associate Nurse Director IPC	Infection Prevention & Control
Anne Robertson	Charge Nurse, West Lothian Community Team	West Lothian
Karen Love	Group Manager Adult Services	West Lothian
Angela Ferguson	Children Services	West Lothian
Shannon Leslie	Programme Manager	East Lothian
Jane Stewart	Team Manager – Learning Disability	East Lothian
Tom McGuire	Community Learning Disability Team Lead	Edinburgh
Emma Pemberton	Care and Support Manager	Edinburgh
Anna Duff	Cluster Manager	Edinburgh
Mike Crossland	Social Work	Edinburgh
Tamsin Scott	Community Learning Disability Nurse	Edinburgh
Tracey Pearson	Nurse Team Leader / Senior Charge Nurse	Edinburgh
Graham Kilpatrick	Service Manager Disabilities	Midlothian

Joe McGhee	Team Manager	Care Inspectorate
Daniel Stoddart	Team Manager	Care Inspectorate
Rene Rigby	Independent Lead	Scottish Care
Janis Langdale	Clinical Education Lead	Clinical Education

Appendix 15 Lothian Care Home Support Teams

Summary of Role and Infrastructure

Partnership	Year established	WTE & Skill Mix	Team report to	Location	Summary of Role
East Lothian	2015	Advanced Nurse Practitioner x1 Nurse Practitioners x 7 Care Home Educators X2 (current vacancy)	Service Manager for Ongoing Care	Musselburgh Primary Care Centre and East Lothian Community Hospital	• Provides the medical management, education and support to the 18 care homes in East Lothian. This releases GP time, reduces hospital admissions, provides training, clinical support and advice to promote local and national standards. • Undertake polypharmacy reviews • Facilitate Anticipatory Care Planning and update Key Information Summaries and undertake DNACPR discussions. • Respond to any Adult Support and Protection issues and work closely with our Partnership colleagues. • Refer and liaise with the wider multidisciplinary agencies which include Social Work, Hospital at Home and facilitate access to specialist services when required. • Support the vaccination programmes within care homes for residents and staff
Midlothian	2017	Team Manager (Nurse) x1 Community Psychiatric Nurses x 2 Occupational Therapist x 1 Palliative Care Nurse x1	Service Manager	Loanhead Medical Practice	Multidisciplinary Support Service for the Care Home Managers, staff and residents. Provide information about current guidelines as well as a proactive service, providing training and education. Reactive service and visit each care home as often as is needed to support staff and residents and provide a multidisciplinary approach to assessment of residents.

		Community Nurse Practitioner x1 Community Nurses x 3 Quality Assurance Officer x1			• Daily phone calls to all Care Homes • Weekly visits to each home • Weekly Care Home Managers Meeting • Providing clinical support and advice e.g. wound care, palliative and end of life care, stress and distress, falls, specialist seating, meaningful activity • Care review for every resident looking at physical, mental, psychosocial health and anticipatory care planning • Swabbing (Covid screening) residents at home prior to admission to a Care Home • Liaising with Testing Team • Flu campaign for residents and staff • Covid vaccination 'Mop Up' sessions for residents • Education and training in conjunction with Council Learning and Development Team and NHS Lothian Clinical Education Team • Staff support with reflection and debriefing • Daily Rapid Rundown for oversight and support (Chief Nurse or Service Manager chairs) • Weekly meeting of local Care Home managers convened by Team Leader
West Lothian	2019	ANP x 2 Community Nurse Practitioners x2 (B6) Band 5 SN 0.4 WTE Aligned to Mental Health Team ANP	Clinical Nurse Manager	Stoneyburn Health Centre	• Support the Care Homes to implement ACP, complete medication reconciliation and ensure person centred care planning in place • Provide hosp@home level of support to residents at risk of hospital admission • Provide support at period of transition when newly admitted to a Care Home • Support Care Home Staff with wound care, palliative care and management o LTCs • Provide ad hoc educational support • Support vaccination programmes

					• Work with Mental Health ANP to support residents with stress and distress
Edinburgh	2020	Team Leader (Nurse) x 1 Community Staff Nurses x 6	Clinical Nurse Manager	Astley Ainslie Hospital	• Support and education to the 65 (older peoples) Care Homes within the Edinburgh partnership with current and up to date infection control guidance during the Covid-19 pandemic. • To build meaningful working relations between Care Homes and the service. • To promote greater awareness of the community support based services. • To support and ensure robust infection control measures and the correct guidance are implemented and followed. • To support timely and safe admission and discharge by providing an effective interface between acute hospital services and all community teams. • To support with ongoing preadmission Covid-19 testing for people awaiting a care home placement. • To work in partnership with social care services (Residential Review Team) and voluntary services. • Provide an effective interface between education services and Care Homes. • Link with community hospitals, community based teams and Geriatricians to improve patient flow.

Appendix 16 Medical and Pharmacy input into Care Homes and Care at Home

This is a brief summary of the current and possible future models of care within a care supported setting - whether that is care at home or care in a residential or supported facility. Care Homes (CHs) include both nursing and residential Homes (no registered nursing staff). Both nursing homes and residential home residents may have advanced frailty and complex medical needs. CHs may be managed by the Local Authority or by a private company.

1. **roles and responsibilities for residential and care home settings to mid-May**

a. GPs through GMS - every resident or person living at home is registered with a GP practice for the provision of the usual services under GMS. GMS covers the treatment of patients who are ill, including chronic disease management, mental health care and palliative care. GMS is delivered through telephone advice, surgery consultations and home visits, and includes liaison with patients' families and Care Home (CH) staff.

b. GPs through the Care Home Anticipatory Care LES - this is an additional service which remunerates GPs for additional elements of Anticipatory Care. The LES has been in place since 2010 and the vast majority of GP practices with CH patients opt in to this service. Anticipatory Care elements are: maintaining a medical record summary in the CH; devising a treatment plan covering physical health, mental health and functional capacity; generating an Anticipatory Care Plan (ACP) including preferred ceiling of care for common acute events, end of life care, DNAR, Capacity, Power of Attorney and a Key Information Summary; regular planned attendance at the CH; an annual medication review; flu and pneumococcal vaccine.

c. Lead Practice role. This is an additional optional element within the LES which gives additional remuneration for taking on a lead practice role (liaison with CH manager and staff, and with HSCP). 106 /out of 110 CHs in Lothian have a designated lead practice.

d. Pharmacotherapy services though primary care team- and Community Pharmacy services. Pharmacy teams already provide services to care home residents through established medicines supply functions, care home visits to optimise repeat prescribing systems, offer safe medicines storage advice and provide pharmaceutical care to individual patients identified by the GP practice.

e. Different mechanisms and teams have been in place within different HSCPs aligning and providing additional support from wider primary care teams and Hospital at Home type facilities (these are usually office hours either 5 days or 7 days):
    i. East Lothian- care home team of ANPs visit CHs and carry out most care with support from the GP practice if needed for part of East Lothian (covers Musselburgh, Haddington, Gullane, North Berwick, and Tranent)
    ii. Midlothian- similar to East Lothian
    iii. Edinburgh – GP practices and DN service
    iv. West Lothian- inked to REACT (H@H) team for additional MOE input

f. Input from NHSL specialist nursing teams eg tissue viability, continence nurse specialist, palliative care, dementia nurse, heart failure etc

g. Out of Hours services are provided to CHs provided by LUCS and out of hours district nursing teams, and CHs are a high volume source of requests for home visits by LUCS.

h. HSCPs have a governance responsibility for the oversight of care provided through both care homes and care at home and report though local mechanisms to IJB mechanisms and to Healthcare Governance Committee, which involves the management team (CO, CN and CD)

i. Inspection and external assurance through HIS and Care Inspectorate

2. Changes set out in relation to Covid 19 and the Cabinet Secretary letters of 17 May

a. The Executive Nurse Director takes lead responsibility for the quality of care in care homes and other residential settings as well as for care at home

b. This covers all care standards – importantly for Covid 19 infection prevention and control and PPE use and availability, but also food fluid and nutrition and wider professional standards

c. Reporting of the situation in each care home is by a daily huddle to escalate issues and two levels of oversight- a tactical group at partnership level and a strategic oversight group (previously called the tactical group for care homes)

d. Additional explicit input from public protection and CSWO to address any Adult Support and protection issues

e. Additional unannounced inspection by HIS and CI

3. Opportunities to augment provision of care from the health aspects of the NHS teams

a. The increased involvement has been welcomed on a broad front by MOE colleagues, POA colleagues and pharmacists

b. Pharmacy input

Working with NHS Lothian, HSCP's and primary and secondary care clinicians, Pharmacy Services have plans to implement at pace, a fully integrated pharmacy service to care home residents in Lothian.

Using prescribing analytic tools and with the support of the specialist clinical pharmacy services in our hospitals (including MOE and Mental Health), pharmacists and pharmacy technicians within the Health and Social Care partnerships will optimise the pharmaceutical care of patients through medicines reconciliation work, monitoring the safe use of high risk medicines and poly pharmacy review. These services are consistent with the Pharmacotherapy Services being implemented in support of the GMS contract, ensuring equity of access for all patients regardless of care setting.

Community pharmacists will continue to lead on the supply of prescribed medicines to Care Homes. Pharmacy Technicians will undertake non clinical medication review to optimise prescribing systems and minimise waste. Fully utilising their Independent Prescribing skills,

and supported by our Education and Development Team, the enhanced clinical service will be undertaken by pharmacists employed across the Health and Social Care Partnership, including GP Clinical Pharmacists and HSCP sessionally employed Community Pharmacists who have received enhanced training.

c. Develop clarity about GP expectations for GMS and lead practice arrangements- ensure that it is widely discussed about how each practice should be providing input and coordination at care home level if this is though more than one practice. Plan is to urgently review the LES to improve data and monitoring, and to support enhanced GP care, including physical presence in CHs.

d. Discussion with the ethical support group about challenges and educational opportunities for ACP and any others identified under LES, building on expertise in the Quality team to provide educational support and input

e. Ensure that the national guidance around care home support from medical specialties is discussed and ideas prioritised for implementation, focussing on improving care for those who require it in the short term for Covid (MOE and palliative care) and longer term (unscheduled care as well as known or emerging diagnoses and management of multimorbidity). This should align to HSCP intentions around hospital at home type models and draw on expertise of those who have it for community management rather than a secondary care approach to diagnostics, monitoring and risk.

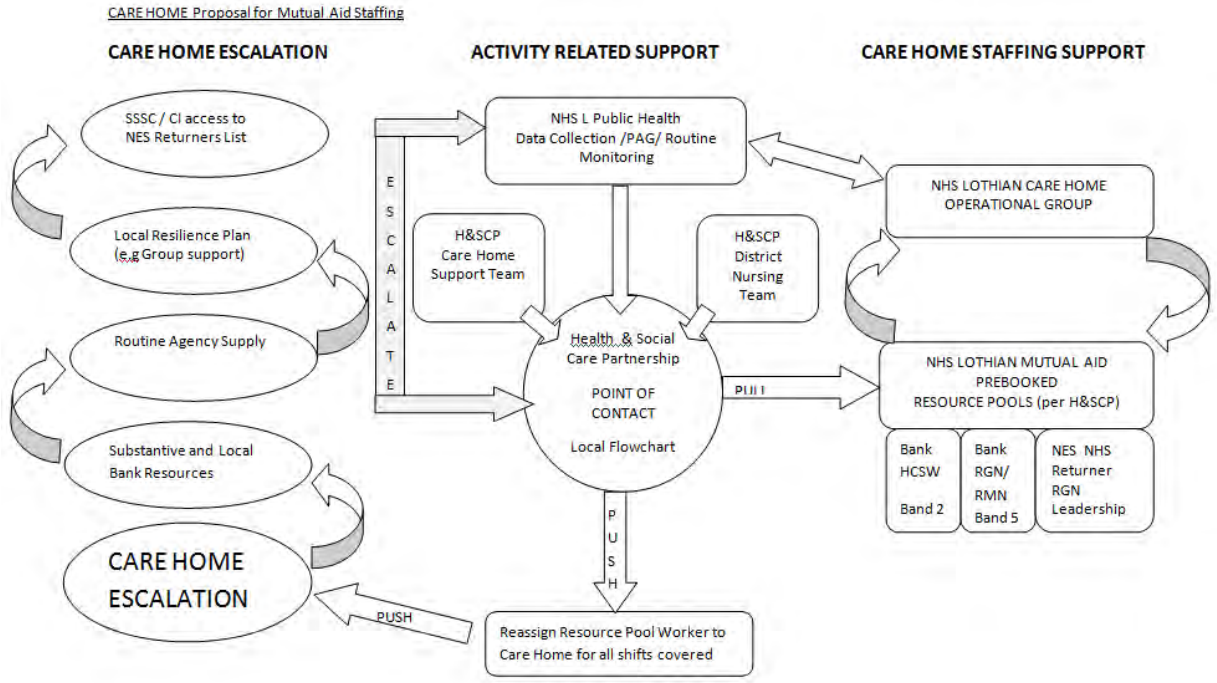
f. Use embryonic professional networks such as the GP led Care Home network (and Clusters / QI Team) to implement support and professional development

g. Training and support for CH staff

Tracey Gillies
Nigel Williams
Stephen McBurney

25 May 2020

Appendix 17 Provision of Mutual Aid to Care Homes in Lothian



Appendix 18 SBAR Care Home Mutual Aid Arrangements

Situation
The ongoing provision of NHS Staff Bank workers to support care homes needs to be reviewed and an appropriate strategy put in place to manage the organisation and resourcing going forward.
Background
In early May it was anticipated that there may be a need for workforce support to the Care Home sector across Lothian, in response to care home testing of staff in Covid outbreak situations. The Mutual Aid arrangement was put in place with a pool of Staff Bank workers booked and available to be deployed in each of the H&SCPs. To date this has been a successful model providing shift cover 7 days per week. The cost for this staffing, between 9th May and 9th July of £105k, and ongoing costs continue to be attributed to NHS Lothian spend. Scottish Government made an allocation to the IJBs to allow them to make sustainability payments to care homes and service providers for additional expenditure arising from the Covid pandemic.
Assessment
There is an enhanced weekly routine staff testing regime for care home staff so potential for continued workforce support to be required. Care homes have pre existing arrangements with agency suppliers of supplementary staffing. The Care Home sector requires that care staff have a SSSC registration in place within 6 months of taking up post. The majority of the bank workers allocated will not have this registration in place currently and will not necessarily have the pre – requisite qualifications of HNC Social Services or SVQ Social Services and Healthcare (SCQF level 6) or any practice qualification in the supervisor category as defined on the SSSC website. The staffing costs for care home provision are not a NHS core service but are indirectly supporting the NHS by maintaining care home capacity.
Recommendation
Costs throughout the Covid pandemic should be re-aligned and each IJB should reimburse NHS Lothian for the staffing supply to the care home sector via the sustainability payment mechanism. This would define these costs as a H&SCP cost on the return to Scottish Government, thus recognising the additional support and associated costs. The current mutual aid support arrangement should be withdrawn over the next 2 weeks. IJBs should determine whether or not to issue a direction to NHS Lothian to provide an ongoing provision of bank staff to the care home sector. Where requested the NHS Lothian Staff Bank will provide a service to the IJB and will recharge the Health and Social Care Partnership for all care home bank supply on a monthly basis. Any local recovery of costs from care homes would be a matter for the Health and Social Care Partnership.

Fiona Ireland, Deputy Director of Nursing, NHS Lothian
28th July 2020

Appendix 19 Weekend Cover (example)

Weekend Plan 10th April – 11th April 2021

On call Community NHS Senior Manager **Grace Cowan – Head of Primary Care and Older Peoples Services - Midlothian** **1st Contact – Calls to go through NHS Lothian Switch Board 0131 536 1000** **2nd Contact – 07890 388 633**			
Care Home Support List	**Please see Sitrep in email attachment**		
Service	**Name**	**Contact Details**	**Number**
EHSCP	Jim Davitt	**07811 025815**	**Static number**
WLHSCP	Jane Lawrence Or Via switchboard	**07929 792375** **SJH 01506 523000**	 **Static number**
ELHSCP	Care home Team	**0131 536 1000 which is the royal switch board and ask for bleep 7404 – east Lothian co-ordinating charge nurse.**	**0131 536 1000 Bleep 7404**
MHSCP	Grace Cowan	**07890 388 633**	
Staff Bank	Team Lead	**0131 536 2020 (62020) Option 1 or 2**	All enquires through Team Lead in first instance
PH/HP	Public Health On Call	**0131 242 1000 ask for PH on call**	**Static number**
LUCS	Clinical call	**537 1000 ask for LUCS CLINICAL ON CALL**	**Static number**
On call Community NHS Senior Manager	On call Senior manager – should be contacted when local measures have failed to sufficiently address the issue and mutual assistance is required		
Staffing	Staff Bank: have access to a small pool of Bank Staff		
Testing	Testing will continue over the weekend. Saturday & Sunday 08.00 – 17.00. All testing continues over the weekends COVID testing centre coordinator – 07779 967 082		

Appendix 20 Summary of Thematic Analysis of Lothian Care Home Supportive Visits

Theme	What works well	What could be better	Examples of good practice
PPE/ IPC	• Regular stock checks • Cleaning Schedules • Management of clinical Waste • Touch point cleaning • Designated Hand sanitising stations/PPE stations • Utilising champion roles for staff • Posters and notice boards prompting staff • The SMART HUB	• Having adequate supplies/ running short • Difficulty sourcing probe covers • Difficulty sourcing PPE (initially) • No help for first 8 weeks with PPE supplies • Conflicting advice on PPE usage	• Staff provided with uniform bags to transport uniforms in • Staff provided with scrubs where previously didn't have uniforms • Creation of small pocket sized laminated prompt cards on PPE/ infection control for staff • Staff recognised as champions to support and inform colleagues and monitor adherence to guideline through audits. • Creation of a "pandemic box" in case of outbreak • PPE Stations on each floor and unit
Residents Health and Wellbeing Needs	• Providing 1:1 care for residents who walk with purpose • Supporting residents to wash/ wipe hands • Supporting residents to socially distance • Risk assessments for residents who could not comply with guidelines • Use of IPADS and phones to keep in touch • Visiting (with restrictions) • Maintaining scheduled activities • Providing information for residents that they could understand • Maintaining routine as much as possible • Resident testing • Supporting residents who had to isolate • Having activity or wellbeing coordinators • Increasing 1:1 activities • Understanding coronavirus for residents leaflet • Edinburgh Behavioural Support Service input • End of life care • Electronic care planning - person centred software system • Covid care plans • End of life care planning	• Supporting residents who walk with purpose • Managing distress in those with cognitive impairment • Getting timely test results for residents • Staff feeling they are letting residents down • Staff unable to attend funerals of long standing residents • Initially there was a lack of anticipatory medicines • Completing ACP's was a challenge • More clarity needed on services available for residents at this time • Clinical assessment tools do not align with social policy approach and staff training • Lack of visiting has emotionally impacted on residents	• Rummage boxes made up personally for each resident • Accessing online church services for residents • Using Skype and FaceTime to reach families and connect with residents • Care home developed Facebook page that families can access confidentially • Celebrating birthdays and anniversaries using zoom/ skype • Wellbeing daily check sheets for each resident • Using email to keep in touch with families and residents with support from staff • Families present / involved at end of life • Staff sitting with residents at end of life when family unable to visit (live a distance away / shielding/ illness)

Theme	What works well	What could be better	Examples of good practice
Environment	• Good signage to provide information • Organising laundry to manage outbreaks • Creating areas where social distancing can take place safely • Ensuite rooms • Creating zones within the home	• Difficult to socially distance due to layout of building • Unable to zone due to building design • Challenges of layout when supporting residents to walk with purpose safely • Limited access for some to garden during this time • Isolating residents extremely challenging due to cognitive impairment and layout	• Zoning residents and creating safe spaces • Using the garden space for activities and exercise/ walking with purpose • Creating areas in the garden to support visits with shelter and seating • Using certain rooms or rooms currently unused for visiting to reduce footfall within the home • Residents on ground floor can have family member come to the window to chat • Symbols on residents doors to maintain confidentiality and reduce anxiety in the home when someone ill or isolating
Education	• Staff updating their skills • Regular education sessions - PPE, Infection control • Clinical supervision • Reflective practice • Care home support team • Blended learning opportunities • Shared good practice • Face to face education • Online training • Observational practice	• Staff lacking necessary skills • Conflicting information on PPE/ Infection control from various training sessions delivered at the start (HPS and care home support team) • Training delivered too late to support staff at critical times • More education on managing cognitive impairment during COVID	• Staff hold regular quizzes to test their knowledge • Manager has created scenario type situations to talk over with staff as a small group

Theme	What works well	What could be better	Examples of good practice
Staffing	• Team working • Flexible working patterns for staff • Flexibility within roles • Getting additional staff through recruitment, agency or redeployed staff • Identifying with Care Inspectorate when staffing levels low • Management teams working alongside staff • Access to Staff Bank • Working with familiar agency staff • Being able to block book agency staff • Maintaining low sickness levels • Consistancy in staffing allocation within the home	• Having to use unfamiliar agency staff • Better access to additional staffing • Emergency recruitment process • Staff supervision opportunities • Staff shortages • Staff testing too time -consuming • Staff fear and anxiety leading to multiple sickness/ absence initially • Information could be clearer on testing for staff/ what to do. • Weekly staff testing introduced earlier in the pandemic • Using agency who did not have the correct skills/ experience • More staff needed to support residents during outbreaks • Staff needing to upskill • More nursing cover needed • More AHP input during this time (chiropody)	• Staff work within their own unit consistently and know their residents very well • Day care staff relocated to homes to help boost staffing levels - these staff have been extremely helpful with activities and 1:1 interactions with residents • Relaxation of rules in recruitment to speed up recruitment process resulting in vacancies being filled quicker
Communication	• Staff Notice boards • Daily flash meetings • Daily huddles • Information folders • Staff debriefs • Microsoft Teams • Near Me	• Trying to keep up with changing guidelines • Conflicting information provided by various agencies • Having to manage multiple sources to get information • Repeating information to multiple sources • Repetition of information via Safety Huddle • Pressure from families around visiting and access • Lack of awareness among families of current guidelines • Information overload for managers/ staff • Lack of public WIFI access for social media • Recognising delirium in COVID residents • Lack of GP presence	• Facebook page for the home developed • Handover diary • Letter writing/ cards between families and residents • Staff creating a Blog • Care home newsletter

Theme	What works well	What could be better	Examples of good practice
Staff Wellbeing	• Supporting each other • Occupational Health support • Wellbeing Posters • NHS Support Line • Informal discussions with staff and manager • Emotional support for staff from management • Confidential helplines • Chaplaincy Service • Reachout Midlothian • Bereavement Service • Employee Assistance Programme • Open door policy for staff • Napier University Support Groups • Mental Health Awareness Week	• Clarity and reassurance/ advice on financial support/ sick pay	• Having a check in policy for staff • Return to work discussions • Memorial held for staff to acknowledge impact on those lost during pandemic • Spirituality meetings via Zoom • Provision of staff meals • Free child care for staff (temporary) • Organised Wellness days for staff • Prioritising annual leave to support rest • Extra breaks during busy days • Tea and cake days organised by staff • Staff sing alongs (with residents too) • Cards and pictures from residents' families and local communities • Staff feeling valued through thank you gifts and cards from families/ management • Mental Health first aiders in the home for staff to talk to • Jo Hockley Sessions for staff • Creating a reflection/ time out room for staff to access during shift • Designated sleepover room for staff member who wished to stay overnight (to reduce infection risk at height of pandemic)

Avril Brown, Lothian Care Home Support Programme Team 17 November 2020

Appendix 21 Alignment of Care Inspectorate/Health Improvement Scotland Inspections & Care Home Supportive Visit

Care Inspectorate/Health Improvement Scotland Covid-19 Inspections		Care Home Supportive Visit
• Coronavirus (Scotland)(No.2) Act 2020 • Public Services Reform (Scotland) Act 2010 • Adult with Incapacity (Scotland) Act (2000) • Scottish Statutory Instrument 114 (2011) • Health and Social Care Standards Duties include improving care and support and promulgating good practice	**Requirement**	Cabinet Secretary Letters • Additional responsibilities for multi professional oversight of care homes from Local Authorities and Health Boards (17 May 2020). • Variation Order on role and responsibility the Health Board Executive Nurse Director (18 May 2020)
Care Inspectorate Inspector(s) who are authorised persons under the Act, with support from • Healthcare Improvement Scotland Inspector • NHS Lothian Senior Nurse (from Corporate Nursing pool)	**Team**	Health & Social Care Partnership • Care Home Support Team Members • Clinical Nurse Managers • District Nurse Team Leads • Social Care Team Members
• Regulatory Inspection – national quality framework • Permission sought from Directors of Public Health to inspect care homes (but have authority to enter any regulated care service at any time) • Evaluations of the quality of care & support (1 (unsatisfactory) - 6 (excellent)) • Where necessary, areas for improvement and requirements using SSI 114	**Status**	• Supportive Visit – local tool • Provide baseline level of assurance on key areas under Covid-19 remit and, where necessary, provide support in terms of education/training and advice. • All care homes included – initial baseline visit using agreed tool for all homes, if require a support plan is agreed.
Key Question 7 (KQ7) How good is our care and support during the COVID-19 Pandemic? 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic 7.2 Infection control practices support a safe environment for both people experiencing care and staff 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care Any other key questions from the quality framework may be added if needed Health and Social Care Standards form the basis of the inspection reports and areas for improvement identified.	**Focus**	• Infection prevention and control measures ▪ Environment ▪ PPE ▪ Laundry and waste management • Health and Care needs during Covid-19 including: ▪ Anticipatory care planning ▪ People who are unwell and at the end of their life, ▪ Caring for people with cognitive impairment and delirium as a result of Covid-19 • Workforce ▪ Staffing levels ▪ Multidisciplinary working ▪ Staff wellbeing

Care Inspectorate/Health Improvement Scotland Covid-19 Inspections		Care Home Supportive Visit
COVID-19 Record of Inspection (ROI) & other ROIs needed	**Record**	Lothian Care Home Covid-19 Assurance and Support Visit Tool
Immediate verbal feedback sharing good practice guidance and support for improvement	**Feedback**	Immediate verbal feedback and discussion's- design of support plan if required
• Fortnightly Parliamentary Report on inspections • Publicly available Inspection Report for each service	**Reporting**	JISC survey tool: • Care Home level - report • Partnership level – aggregated data & themes • Board level – aggregated data & themes to Strategic Oversight Group
Within legislation have right of admission to care home and, where necessary, can apply to court to remove registration.	**Escalation of concerns**	If unable to secure agreement to undertake supportive visit would work with Care Inspectorate
Benefit of Senior Nurse Involvement • Joint working with CI & HIS – ongoing strengthening of relationships and partnership approach • Corporate Nursing oversight across HSPCs & Care Homes – direct feedback to Executive Nurse Director and Director of Nursing (Primary Care) • Clinical expertise in application of infection prevention and control & PPE requirements in different contexts – with focus on minimising transmission risk. ▪ Immediate opportunity for signposting to resources, education/training • If appropriate 'wrap around' support can be put in place without delay • Opportunities for shared learning across care home systems and HSPCs • Opportunities for shared learning between CI, HIS & NHS • Identification of key areas for future development to improve transitions of care between care home and hospitals		**Benefits to HSCP Approach** • Building on existing relationships • Opportunity for care home self-assessment and identification of strengths and areas for improvement • Emphasis on support and seeking understanding of experience • Focus on HSCP responsibilities for actions and ongoing support – direct link to care home support infrastructure • Access to additional resources and clinical expertise • Access to mutual aid staffing via the NHS Staff Bank

Care Home Programme Support Team
09.07.2020

Appendix 22 Care Home Reference Group Terms of Reference

TERMS OF REFERENCE

Care Home Reference Group

ACCOUNTABLE TO

Strategic Oversight Group Care Homes

REPORTS TO

Strategic Oversight Group Care Homes

GROUP OBJECTIVE

The Group will meet every 4 to 6 weeks to consult Care Home representatives in Lothian on key development areas and key pieces of work

ROLES AND RESPONSIBILITIES

The Care Home Reference Group will:

- Help to shape and develop key pieces of work to ensure it meets the needs of the Care Home Sector
- Meeting key needs of the Nurse Director and HSCP responsibilities

MEMBERSHIP

The following is a list of members of the Care Home Reference Group. All members are expected to attend where possible, where they are unable to attend if possible, they should nominate a deputy with delegated authority to make decisions on their behalf.

Name:	Project Role:	Contact Details
Jacqui Macrae	Chief Nurse - EHSCP	• Jacqui.Macrae@nhslothian.scot.nhs.uk
Lorraine Cowan	Chief Nurse - ELHSCP	• Lorraine.Cowan@nhslothian.scot.nhs.uk
Mairead Hughes	Chief Nurse- WLHSCP	• Mairead.Hughes@nhslothian.scot.nhs.uk
Linda Mackintosh	Professional Lead QI EHSCP	• Linda.Mackintosh@nhslothian.scot.nhs.uk
Avril Brown	Senior Care Home Liaison	• Avril.Brown@nhslothian.scot.nhs.uk
Rene Rigby	Scottish Care	• rene.rigby@scottishcare.org
Jeannie Garing	Manager-Viewpoint	• jeannie.garing@viewpoint.org.uk
Mandy Rogers	Manager - Randolph Hill Nursing Home	• mandy@randolphhill.com
Muriel Reid	Manager Care Home Support Team	• Muriel.Reid@nhslothian.scot.nhs.uk
Alison Payne	Manager - Erskine	• alison.payne@erskine.org.uk
Ann Wood	Manager - Viewpoint	• ann.wood@viewpoint.org.uk
Derek Barron	Director of Care - Erskine	• derek.barron@erskine.org.uk
Eleanor Wilson	General Manager Drummond Grange - Barchester	• eleanor.wilson@barchester.com
Marcia Stewart	Manager - Crofthead CH	• manager@croftheadcarehome.co.uk
Pauline Skead	Manager - Crookston CH	• pskead@eastlothian.gov.uk
Sarah Thomson	Manager Archview Lodge - Barchester	• Sarah.Thomson@barchester.com
Julie McNaughton	Manager - Haddington Care Home	• julie.mcnaughton@careconcerngroup.com

Caroline Johnston	Manager – Belhaven Care Home	• Caroline.Johnston@nhslothian.scot.nhs.uk
Stuart Grant	Community Service Manager - Fairfield House	• Stuart.Grant@nhslothian.scot.nhs.uk
Lynne Paton	Service Manager - Immediate Care	• Lynne.paton@midlothian.gov.uk
Juliet MacArthur	NHS Lothian Care Homes Programme Team	• Juliet.MacArthur@nhslothian.scot.nhs.uk
Maggie Byers Smith	NHS Lothian Care Homes Programme Team	• Maggie.Byers-Smith@nhslothian.scot.nhs.uk
Donald Boyd	NHS Lothian Care Homes Programme Team	• Donald.Boyd@nhslothian.scot.nhs.uk
Julie Kershaw	NHS Lothian Care Homes Programme Team	• Julie.kershaw@nhslothian.scot.nhs.uk

Others will be co-opted in and can attend as required.

FREQUENCY OF MEETINGS

The group will meet every 4 to 6 weeks. Additional meetings and written communication may be arranged as necessary.

PAPERS

Papers will be issued in advance each meeting. Members of the group who are required to provide papers will ensure papers are submitted to the programme manager as soon as possible.

LIFESPAN OF GROUP

The lifespan of this group will run until the programme has been closed. The membership of the group will be reviewed as necessary as the programme progresses.

Final version 28.02.2021

Appendix 23 Lothian Care Home Website Specialist Services

A-Z of Specialist Services for Care Home Residents

NHS Lothian Care Homes Webpage Meeting Resident's Needs
https://services.nhslothian.scot/CareHomes/SupportingResidentsNeeds/Pages/default.aspx
For information on services available, referral criteria and referral pathways

A:
Anticipatory Care Planning
Audiology

B:
Behaviour Support
Bladder & Bowel Health

D:
Dementia
Dietetics & Nutrition

F & M:
Falls
Mental Health

O:
Occupational Therapy
Oral Health

P:
Palliative Care; Pharmacy; Physiotherapy; Physical Activity; Podiatry

T:
Tissue Viability

S:
Speech & Language Therapy

Please note: All resident referrals **CAN ONLY** be sent via the care home's secure email address. For further information on accessing a secure email account please contact your Health and Social Care Partnership Team and/or NHS Lothian Care Home Programme Team carehomes@nhslothian.scot.nhs.uk

Appendix 24 Care Home Education and Training Group

TERMS OF REFERENCE

TITLE

Care Homes in Lothian, Education and Training Group

ACCOUNTABLE TO

NHS Lothian Strategic Oversight Group

REPORTS TO

NHS Lothian Strategic and Operational Groups as and when required

ESCALATES TO

NHS Lothian Strategic Oversight Group

ROLE

The group will meet monthly basis

In partnership with Lothian Care Homes (CH), identify any gaps in the health care education and training needs of Lothian CH staff.

Develop, coordinate, and deliver education and training, in partnership with Lothian Care Homes that will support staff to develop relevant knowledge and skills.

Ensure all education and training is based on current evidence based best practice for the CH sector.

Prioritise any education and training based on National Guidance and changes, Care Home priorities, Care Inspections, Assurance Visits, Care Home Support Teams and HSCP priorities.

The effectiveness of the group will be reviewed to ensure objectives are being met.

OBJECTIVES

To work with Lothian Care Homes to identify the specific health care education and training needs required to develop CH staff knowledge and skills.

To develop health care topic specific education and training for CH staff using a variety of delivery methods.

To evaluate health care education and training provided for Care Home staff.

To work collaboratively with current providers of education and training in the CH sector e.g. Providers, SSSC, Care Inspectorate, NES, Scottish Care, Hospices etc, to avoid potential duplication of material and conflicting guidance.

To network and share best health and social care practice across Lothian.

To ensure equity of access to provision of education and training, whilst appreciating disparity within existing resources in the four Health & Social Care Partnerships in Lothian.

To consider resource and logistical implications for NHS staff providing CH health care training and education and explore solutions to any resource challenges.

To utilise the expertise of group members to respond to appropriate CH requests for specific health care education and training.

RELATIONSHIPS

There are clear links from this group to the following established groups and work streams:

Care Academy

CH Managers reference group

Care Home Support Team Network

QI & Standards

CH Transformation programmes

Clinical Education Team

Public Health, Infection Prevention & Control Team

CH Internet pages development group

Edinburgh Falls & Frailty Forum

Edinburgh ACP improvement programme/stakeholder group

Lothian MCN Palliative Care Educators' Sub Group

Residential Review Teams

Anticipatory Care Planning Group

Lothian Assurance Visits

Care Inspectorate Inspections

Care Home forums and networks

Community Nursing and District Nursing Teams

Community Palliative Care Services

Members of the above groups will be invited by email to share any education and training developments as appropriate

MEMBERSHIP

The following is a list of members of the Education and Training Group and their area of expertise.

Name	Department or organisation
Care Home Manager WL	Name TBC
Care Home Manager ML	Name TBC
Care Home Manager EL	Name TBC
Care Home Manager Edin	Name TBC
Kirsty McBeth	EL CHST
Jenny Lyle	EL CHST
Eleanor Durkin	Edinburgh CHST
Jim Davit	Edinburgh CHST
Muriel Reid	ML CHST
Ian Chisholm	ML CHST
Louise Kirby	WL CHST
Linda Mackintosh	Edinburgh HSCP
Avril Brown	Corporate CH programme team
Audrey Pringle	Health Protection
Amie Borge	Health Protection
Craig Newton	Clinical Education Team (CET)
Janis Langdale	Team lead, CET
Sandra McLeod	CEC Care Home Manager
Siobhann Keay	Psychiatry, Alzheimer Scotland Dementia
Karen Rennie	QMU
Ann Sanderson	Bladder & Bowel Specialist Nurse
Sheena Wight	OT Falls Lead
Jo Gordon	Falls co-ordinator, LTC, EHSCP
Lisa Doughty	Physiotherapy

Jackie Stevenson	Dietetics
Hannah Wallace/Suzanne Crooks	Psychology
Hilary Gardner	Practice Development facilitator & ECHO Lead, St Columba's Hospice
Jenny Doig	Palliative Care, CET
Pernille Frandsen	Pharmacy
Garry Todd	Pharmacy
Anna Wimberley	Project Team Manager, LTC, EHSCP
Helen McKenna	Lead for Essential Learning, L&D, CEC
Rebecca Kellet	SALT
Rene Rigby	Scottish Care
Gillian Hawthorne	Podiatry
Diane Marshall	Oral Health
Kate Armit	Adult Support & Protection CEC
Denise Rennex	Audiology
Jenni MacDonald	Lead Nurse Tissue Viability
Siobhann Keay	Dementia Nurse Consultant
Juliet MacArthur	Corporate CH Support team
Maggie Byers-Smith	Corporate CH Support team (Co-chair)
Julie Chalmers	Associate Chief Nurse Clinical Education Team (Co-chair)
Donald Boyd	Programme Manager, Corporate CH Support Team
TBC	Care Academy Project Manager
Julie Kershaw	Administrator, Corporate CH Support team

- All members are expected to attend monthly meetings where possible.
- When members are unable to attend, they can nominate a deputy to attend on their behalf.
- The membership of the group will be reviewed as necessary
- Others will be co-opted in and can attend as required.
- Secretariat for this group will be provided by the Corporate CH Programme Team

FREQUENCY OF MEETINGS

The group will meet monthly.

LIFESPAN OF GROUP

The lifespan of this group will be reviewed as required.

Appendix 25 SBAR Lothian Care Academy

Situation
There have been a number of discussions regarding training and education of Health and Social Care staff across Lothian. The concept of a Lothian Health & Social Care Academy evolved from a workshop with key stakeholders from Health and Social Care (H&SC) in December 2019. Person centred care is at the heart of the concept of a Care Academy with the aim of the right staff member with the right skills and knowledge to support an individual, at the right time regardless of the staff members employer.
Background
In response to the Covid-19 pandemic the role and responsibility of the Health Board Executive Nurse Directors was subject to a Cabinet Secretary Variation Order effective from the 18th of May 2020 to the 30th November 2020. During this period the Executive Nurse Director has accountability for the provision of nursing leadership, support and guidance within the care home and the care at home sector. One of the five key areas of responsibility identified under Covid-19 is workforce requirements, education and training. In general terms, the education and training of NHS Lothian Healthcare staff sits with the NHS and for social care staff this sits with the four Lothian Councils. The respective organisations are responsible for ensuring that staff are well informed, appropriately trained and developed and that staff are committed to personal and professional development. This includes mandatory training and any essential training required for specific roles. Each H&SC partnership is funded to cover the education and training requirements for their own staff within their employing organisation. There are currently no joint or additional resources to offer additional education and training places. There are three main regulatory bodies across Health and Social Care. The main regulatory bodies are: ▪ *Scottish Social Services Council (SSSC)* The SSSC Register was set up under the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training. ▪ *Nursing & Midwifery Council (NMC)* The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. ▪ *The Health and Care Professions Council (HCPC)* Regulatory body for 15 health and care professions including Allied Health Professionals Further details on the regulatory bodies can be found in appendix A
Assessment
In the past there have been some challenges regarding governance and liability arrangements for training external staff. One example of this is when NHS Lothian staff were asked to train and assess the competency of staff from another organisation to enable an individual's discharge home. The possibility of this was explored with Central Legal Office. The outcome was that the NHS staff could train staff from another organisation however they were not covered to competency assess staff from another organisation. There are some examples of alternative arrangements for joint training for Health & Social Care staff in Lothian e.g. Induction to Edinburgh H&SCP, Dementia Champion training,

some Palliative Care training, Public Protection learning and development, Continence training etc. There are also some limited examples where training is commissioned from NHSL for some council social care staff e.g. Moving and Handling, Violence and Aggression.

NHS Lothian, Clinical Education Team are undertaking a scoping exercise to identify all the relevant Covid-19 related training that is currently available to care home staff from NHS Lothian, Councils, NHS Education for Scotland, Care Inspectorate and Scottish Social Services Council.

Career progression is well established across both Health and Social Care. NHS Lothian has a well established career pathway from Healthcare Support worker to Registered Nurse (Appendix B).

There is also a robust NHS Education for Scotland HCSW Learning framework which can be accessed here

A SWOT analysis has been undertaken which clearly identifies the benefits and opportunities of a Care Academy approach in Lothian (Appendix C)

Recommendation

Support is requested from the Lothian Care Home Strategic Group to progress the Care Academy with key stakeholders including:

- 4 Lothian Health and Social Care Partnerships
- Learning and Development from the Councils
- NHS Lothian
  - Clinical Education Team
  - Relevant specialists
- Further and Higher Education partners
- Scottish Social Services Council
- Care Inspectorate
- Scottish Care
- Partnership

Maggie Byers-Smith
Programme Manager, NHS Lothian
4th August 2020

Appendix A– Regulatory arrangements

Regulatory body	Role	Time to register	Cost	Qualification	Code
SSSC	Social Care Worker	3 months from start of employment. Complete SVQ up to 3 years	£25 per annum	Scottish Vocational Qualification (SVQ) SCQF level 6	SSSC Code of Practice
	Supervisor	Immediate	£35 per annum	SCQF level 7 Higher National Certificate (HNC)	
	Managers	Immediate	£80 per annum	SVQ units/HNC/HND	
	Social Worker	Immediate	£80 per annum	Registered Social Worker Degree	
NMC	Registered Nurse Registered Midwife Nursing Associate in England	Immediate	£120 per annum	Registered Nurse Degree Foundation Degree/Diploma	NMC Code Of Conduct
None HCSW records on Scottish Workforce Information Standard System (SWISS)	NHS Healthcare Support Worker (HCSW)	3 months	£0	No recognised qualification Induction Standards and Code	HCSW Code of Conduct
HCPC	Allied Health Professional	Immediate	£180 for 2 years	Relevant AHP Degree	Standards of Conduct, performance and ethics

Appendix B – NHS Lothian Career Framework

NHS Lothian Nursing & Midwifery Education/Career Development pathway – Bands 2 to 7

(Based on the NHS Scotland Career Framework – ref 1)

Keypoints;

- The framework below gives examples of resources that staff can access as part of developing their roles
- Staff can join the Nursing and Midwifery workforce via a number of access points.
- We have examples of staff that have joined NHSL as Healthcare Support Workers Band 2 and with the framework are now in Senior Charge Nurse/ Advanced Nurse Practitioner Band 7 roles.

References

1. NHS Scotland Career Framework
   http://www.careerframework.nes.scot.nhs.uk/
   http://www.nes.scot.nhs.uk/media/4939/nmahp-careers-poster.pdf

Resources

1. NHS Lothian HR online
2. Corporate Nursing intranet pages
3. Clinical Education and Training Team

	Salary up to £20,015	Salary up to £21,947	Salary up to £24,258	Salary up to £30,742	Salary up to £38,046	Salary up to £44,688
Access into NHS Lothian Workforce **EMPLOYABILITY** Get Into' Programmes Project Search Work placements **APPRENTICESHIPS** Modern Apprenticeship **COLLEGE/ UNI COURSES** Work experience and placements Academies and Apprenticeships Young People	**HCSW B2** HCSW Induction standards & code QI ZoneTuras National Progression Award Modern Apprenticeships Clinical Scottish Vocational Qualification (SVQ) Level 2 Professional Development Awards (PDA) K101& Numeracy – Open University An introduction to H&SC Pre Registration OU Programme HNC Care & Administration Practice Clinical Skills & Competencies Cancer, Palliative Care & Communication Skills courses LBC – Leading Across Difference Delivering Better Care Leadership Programme (DBC) Preparing to Lead & Manage Courage to Manage	**Senior HCSW B3** HCSW Induction standards & code QI ZoneTuras K101& Numeracy – Open University An introduction to H&SC Professional Development Awards (PDA) Scottish Vocational Qualification SVQ Level 3 Modern Apprenticeships Clinical Pre Registration OU Programme HNC Care & Administration Practice Clinical Skills & Competencies Cancer, Palliative Care & Communication Skills courses LBC-LAD DBC Preparing to Lead & Manage Recruiting with Fairness and Equality Courage to Manage	**Assistant Practitioner B4** HCSW Induction standards & codes QI ZoneTuras K101 & Numeracy – Open University. An introduction to H&SC Professional Development Awards (PDA) HNC Care & Administration Practice Pre Registration OU Programme Clinical Skills & Competencies Cancer, Palliative Care & Communication Skills courses LBC-LAD DBC Recruiting with Fairness and Equality Courage to Manage Preparing to Lead & Manage	**Practitioner Band 5** QI ZoneTuras Preparing to Lead & Manage Courage to Manage Covey's 7 Habits LBC- LAD DBC Cancer, Palliative Care & Communication Skills courses NQP - Flying Start Clinical Decision Making – Acute Community Clinical Decision Making & Independent Prescribing Competencies & Clinical Skills for role University Accredited Modules Mentorship programme CPD study days Recruiting with Fairness and Equality	**Senior Practitioner - B 6** QI ZoneTuras Courage to Manage Preparing to Lead & Manage Covey's 7 Habits Recruiting with Fairness and Equality LBC - LAD DBC Cancer, Palliative Care & Communication Skills courses NQP - Flying Start District Nurse Course Clinical Decision Making – Acute Community Clinical Decision Making Competencies & Clinical Skills for role University Accredited Modules Coaching/Mentoring CPD study days	**Advanced Practitioner B 7 – Team Leader/SCN** Scottish Quality and Safety Programme People Management Recruiting with Fairness and Equality Courage to Manage Covey's 7 Habits Coaching/Paired Learning Playing to your Strengths Leading into the Future QI Improvement Leader programme Quality Academy QI ZoneTuras LBC - LAD DBC Coaching/Mentoring Cancer, Palliative Care & Communication Skills courses Completion of NHS Lothian Advanced Practice programme (MSc) Clinical ANP Excellence in Care
(SCQF) Level	**4-5**	**6 -7**	**7-8**	**8-9**	**9-10**	**10-11**

Underpinned by Corporate & local Induction, HCSW Mandatory Induction Standards, Knowledge & Skills Framework, Personal Development Planning & Review , Mentorship & shadowing, Mandatory training including e-learning and classroom based training – Health & Safety, Fire, Hospital Associated Infection, Information Governance, Basic Life Support, Violence & Aggression, Public Protection, Equality & Diversity and Fire, Mandatory policy packages and Work Based Learning

Appendix C – Care Academy SWOT analysis

Strengths	Weaknesses
- Staff will be trained and educated to the same standards. - Consistent standards of care for people requiring support. - Reduced risk of injury for staff and people requiring support e.g. same de-escalation techniques used if there is a risk of violence and aggression. - Clear expectations of staff competence where care is delegated. - Clear governance arrangements. - Equitable access to training opportunities across Lothian. - Increased pool of staff across H&SC. - Increased number of learning environments for students.	- Cost of training staff to SVQ/HNC/HND level - Length of time for training - Funding and resources are specific to each H&SC organisation - Some NHS qualifications such as the National Progression Award for HCSW are not on the list of qualifications that enable registration with SSSC.
Opportunity	**Threats**
- Enable more flexibility with career pathways. - Shared learning across Health & Social Care and appreciation of all the roles across HSCPs, private and voluntary sectors. - Potential for economy of scale with Further and Higher Education Institutions if commissioning is required. - Opportunity to be innovative and explore new/different roles across H&SC.	- Different organisational cultures and priorities. - Different organisational liability. - Potential lack of learning opportunities to achieve required National Occupational Standards (NOS)/ SVQ units.

Care Academy Programme Brief

Author: Donald Boyd

Contact: Donald.boyd@nhslothian.scot.nhs.uk

Date Published: 00.03.2021

Version: 0.5

Table of Contents:

Purpose

This Programme brief provides an outline of the proposed Care Academy development. It identifies those things we expect to achieve in terms of programme scope, objectives, benefits and outcomes. This document provides the basis on which the programme's overarching plan and associated activities will be formulated.

The Care Academy aims to develop a flexible, transferable workforce that can work across a number of care settings delivering safe, effective, person centred care, supported by consistent high-quality education and training.

1. Background

For a number of years there has been a vision to develop across organisations a health and social care workforce delivering person centred care to people in a variety of care settings. The need for this has now been recognised nationally with the publication of the Scottish Government's Independent Review of Adult Social Care in Scotland.

The concept of a Lothian Health and Social Care Academy evolved from a Pan Lothian workshop held in December 2019 with key stakeholders from Health and Social Care (H&SC). At this workshop it was agreed that person centred care must be at the heart of a Care Academy Programme. The aim being to have the right staff with the right skills and knowledge to support an individual, at the right time regardless of the individual's employer.

In general terms, the education and training of NHS Lothian Healthcare staff sits with the NHS and for social care staff this sits with the four Lothian Councils. The respective organisations are responsible for ensuring that staff are well informed, appropriately trained and developed and that staff are committed to personal and professional development. This includes mandatory training and any essential training and competency assessment required for specific roles.

Each H&SC partnership is funded to provide the education and training requirements for their own staff within their employing organisation. There are currently no joint or additional resources to offer additional education and training places.

There are however differences regarding the training and registration of care support staff. In Health Care, support staff usually follow an in house programme of learning and education and in Social Care the staff are required to complete a programme of accredited learning following which they must register with SSSC. Health Support staff are not at this time registered with any Professional body. This means that whilst staff have similar skills attainment, they are not transferrable across both sectors.

There are three main regulatory bodies across Health and Social Care. The main regulatory bodies are:

- *Scottish Social Services Council (SSSC)*

The SSSC Register was set up under the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training.

- *Nursing & Midwifery Council (NMC)*
  The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland.
- *The Health and Care Professions Council (HCPC)*
  Regulatory body for 15 health and care professions including Allied Health Professionals

Following a presentation of an SBAR in August 2020 to the Care Homes Strategic Review group and a workshop in December 2019, approval was given to begin preliminary work on the formation of a programme team to work on the development of a Care Academy.

2. Vision Statement

A flexible and transferable workforce will exist in Lothian with staff able to work across a number of health and social care settings. These care staff will be supported by the provision of consistent high-quality education and training to deliver safe, effective care. Measurable standards of care will exist with person centred care at the heart of the Care Academy Programme. This means that the right staff member with the right knowledge and skills will be available at the right time to support an individual, regardless of their employer.

3. Programme Objectives

The programme's objectives are to:

- Agree core training requirements for care delivery across the Health and Social Care Partnerships
- Identify the process whereby shared learning can take place
- Standardise training and content to enable a more cost-effective approach
- Enhance career pathways for care staff across Health and Social Care
- Stabilise the care workforce (recruitment and retention) making Health and Social Care a positive and attractive place to be employed

4. Benefits

The SWOT analysis below will be used to produce a benefits realisation document.

Strengths	Weaknesses
- Staff will be trained and educated to the same standards. - Consistent standards of care for people requiring support. - Reduced risk of injury for staff and people requiring support e.g. same de-escalation techniques used if there is a risk of violence and aggression. - Clear expectations of staff competence where care is delegated. - Clear governance arrangements. - Equitable access to training opportunities across Lothian. - More flexible pool of staff able to work in different care environments across H&SCs. - Increased number of learning environments for learners	- Cost of training staff to SVQ/HNC/HND level - Length of time allowed for training and subsequent registration with SSSC - Funding and resources are specific to each H&SC organisation - Some NHS qualifications such as the National Progression Award for HCSW are not on the list of qualifications that enable registration with SSSC.
Opportunity	**Threats**
- Enable more flexibility with career pathways. - Shared learning across Health & Social Care and appreciation of all the roles across HSCPs, private and voluntary sectors. - Potential for economy of scale with Further and Higher Education Institutions if commissioning is required. - Opportunity to be innovative and explore new/different roles across H&SC. - Variation Order mandating increased accountability to Executive Nurse Directors for Care Homes and Care at Home (May 2020)	- Different organisational cultures and priorities. - Different organisational liability. - Potential lack of learning opportunities to achieve required National Occupational Standards (NOS)/ SVQ units. - T&Cs of employment differ across sectors.

5. Programme activities and deliverables

The following activities identified will come under the governance of the Care Academy Programme.

Programme **Activity**	**Description/Output**	**Lead(s)**	**Time Scales**
Programme scoping, planning definition	Vision Statement PID Programme Brief Programme Plan inclusive of key milestones	Project Manager	April Programme Board
Identifying risks and mitigation	Programme Risk Register	Project Manager Project Leads	April Programme Board
Communicating the Programme's intent Stakeholder Engagement	Communication Plan Stakeholder mapping/profiles	Project Manager Project Leads Programme Board	June Programme Board
Benefits mapping	Benefits Management Strategy Benefits Realisation profile and plan	Project Manager Project Leads	June Programme Board

6. Projects

The following is the initial agreed projects which will be part of the Care Academy Programme. The scope may evolve as the projects develop.

Project	Objective	Deliverables / Output	Timescales	Leads
Legislation and regulation	Purpose: to clarify the legal and regulatory requirements that may/will impact on • the ability to deliver the Programme's aims and objectives and the subsequent embedding of the required changes to the way staff will engage and work in the future across health and social care	To be confirmed following stakeholder engagement and scoping exercise		Maggie Byers-Smith Anthea Fraser
Harmonisation of training for HCSW and SCSW including mandatory training	Purpose: to standardise and streamline required training and learning for Health and Social Care workers, inclusive of: • mandatory skills and knowledge • streamlining content of wider programmes of learning • agreeing minimum measurable standards and • consideration of styles of learning and practice placement opportunities	To be confirmed following stakeholder engagement and scoping exercise		TBC
Specific Core Skills	Purpose: to identify the core skills required to meet the needs of adult learning for employment in the Health and Social Care sector to include • essential numeracy and literacy • use of IT • observational skills	To be confirmed following stakeholder engagement and scoping exercise		

Project	Objective	Deliverables / Output	Timescales	Leads
	• communication skills • how to support those with additional needs in the workplace			

7. Risks

Risks will be managed using NSS Integrated Risk Management Approach (IRMA), and reported to the Programme Board. The overarching Programme Risk Register, once created, will be regularly reviewed and updated by the Programme Manager and Project Manager and escalating risks reported to the Senior Responsible Officer. Individual projects within the programme will have their own risk registers operating on the same basis and these will be managed at project level in accordance with IRMA, escalating to the Programme Board where applicable.

8. Estimated Costs & Effort

The full costs for delivery are unknown at this point

Project manager (mid-point b7) £35,500 +22% employer costs

Staff involvement time/costs in particular project leads.

9. Assessment of Current State

Nationally, the report of the Scottish Government's Independent Review of Adult Social Care in Scotland published on 3 February 2021 highlighted the differences (and inequalities) between health and social care support workers and recommended that priority is given to the development of a holistic approach to workforce planning across health and social care. Training, development and regulation are emphasised where there is scope for significant improvements with a commitment by employers to workforce development which should be a key feature of revised commissioning and procurement arrangements.

Locally, the following is a breakdown of those things already in place or imminent that need to be considered in progressing the activities required. Some aspects will be out with the scope of the Programme but may impact and others will be for discussion and consideration as an integral part of the projects.

From discussions with staff involved in service provision and from anecdotal evidence we know that currently there is

- little standardised training across care delivery
- inconsistency in training
- limited equity of access to care delivery
- quality of care issues across agencies and
- differing measures of measuring care delivery
- constraint and risk around organisational liability in the assessment of learner competencies following training
- limited ability to work in partnership with all colleges/ independent providers

In developing a Care Academy for Lothian we would be able to address many of these issues.

In addition:

a) The NHS Lothian Quality Strategy (2018-2023) commits to Safe Effective and Person Centred care. Specifically, it states "put in place robust systems to deliver the best models of integrated care across Primary secondary and social care" (pg3)
b) In October 2020 The Care Home Review was commissioned by the Cabinet Secretary for Health and Sport, to make recommendations for systems review and highlight good practice. It specifically investigated the circumstances surrounding the occurrence and transmission of COVID-19 infection within four care homes in Scotland and was undertaken and completed in October 2020 and informed the Independent Review of Adult Social Care published in February 2021. One of the 15 recommendations related specifically to training and education, highlighting the need for partnership between NES and SSSC:
    a. Development of a mandatory induction module for Infection Prevention and Control (IPC), in partnership between SSSC and NES, should be undertaken as soon as is practicably possible
    b. Workforce development needs for IPC requires to be considered for all staff in care homes and those providing IPC support to this sector
    c. Consider a supportive education model where care homes educators' roles are developed to support every care home in Scotland
c) The education and training of Health and Care and Social staff sits with the four respective Councils and NHS Lothian. Each organisation being responsible for ensuring that their staff are well informed, appropriately prepared for their individual roles and continually supported to develop and maintain required and enhanced skills. This includes any essential mandatory training. In so doing the respective organisations aim to have a workforce who are committed to their own personal and professional development. Each Health and Social Care Partnership is funded to provide the education and training requirements for their own staff. At present there are few joint initiatives and no additional resources to enable the provision of more shared education and training placements.
d) May 2020, in response to the COVID crisis NHS Board Executive Nurse Directors were subject to a Cabinet Secretary Variation Order. This Order which came into effect from 18th May till November 2021 and then extended until 30 June 2021 requires Executive Nurse Directors to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector. The main focus being on community nursing input into care homes; infection prevention and control arrangements, use of PPE; testing; sourcing of staff / redeployment of staff.
e) In response to the above requirement there is already work underway to create a bank of staff that can work flexibly across H&SC. The Staff Bank General Manager has established a working group who are currently exploring this idea with care home representatives, LA, Care Inspectorate and Education
f) Educational pathways are different. HSCWs undertake (non-recordable) National Progression Awards (NPAs are at SCQF Levels 2-6 and are delivered in partnership between schools, colleges and employers) and Professional Development Awards. SCSWs do recordable SVQs. There is no equivalence or 'carry over' between the two
g) Work has been undertaken previously in Edinburgh to map education requirements and resources between CEC and NHSL

h) Well established work around employability, widening access and workforce supply/development and build on NHS Lothian's recognised role for the young persons' guarantee

a) Some individuals at present could be receiving visits from a Health Care Support Worker and a Social Care Support Worker although pilot work undertaken in 2016[5] indicated that this was not a large number of people

b) Scrutiny by the Care Inspectorate is underpinned by Health and Social care standards which are different from those standards that Health care staff are familiar with. This could potentially create misunderstanding and issue at the point of scrutiny due to differing terminology and expected outcomes.

10. Options for Delivery

Option 1

- Do nothing

Option 2

- Delay programme -until later. The engagement among stakeholders is high at present due to the work carried out on care homes. The Strategic Oversight Group meet weekly which if the programme is delivered later may not exist in its current state.

Option 3

- Phased Approach - Prioritise project(s) in tranches to manage the implementation of all required changes in scope of the Programme.

Option 4

- Accelerated Implementation - A more ambitious approach to undertake a whole organisation redesign in 'one go' but with an initial focus on staff employed by NHS Lothian and the Local Authorities, prioritising LA Care Homes

11. Recommendation

[5] Conclusion from 2016 pilot which explored number of District nurse (DN) cases and Social care (SC) sector cases overlap across Edinburgh

- At any time, around 20% of open cases are receiving support from both district nurses and social care teams.
- The patients, from the selected postcode sector, visited by the district nursing team all required care from a registered nurse.
- A variety of social care supports were being provided from several different providers for the people, in the selected postcode sector. Only a small number of cases were open to the district nurse team and the internal home care team.
- All cases had information that supported the need for both district nurse and social care provider involvement with the individuals.

The preferred option is option 4 which requires the recruitment of a Project Manager who will progress the programme.

12. Programme Scope

In Scope	Out of Scope
• Health and social care staff who deliver care and those who provide their education employed by NHSL or CEC, EL, ML or WL • Staff working in individual's home or care homes, starting with LA Care Homes	• Staff employed outwith statutory providers • Care Home staff – either private or not for profit • Care at Home staff - either private or not for profit • Registered nursing staff • Registered social workers • T&Cs of staff (renumeration)
Organisations: • Edinburgh College and West Lothian College • Central Legal Office (CLO) • Scottish Social Services Council (SSSC) • National Education for Scotland (NES) • Care Inspectorate • The impact on Trade Unions, Finance and Human Resources that emerge from the work	Organisations • Private and not for profit Care Homes • All other groups not listed as in scope

13. Constraints

Competing priorities within an environment that is predominately reactive

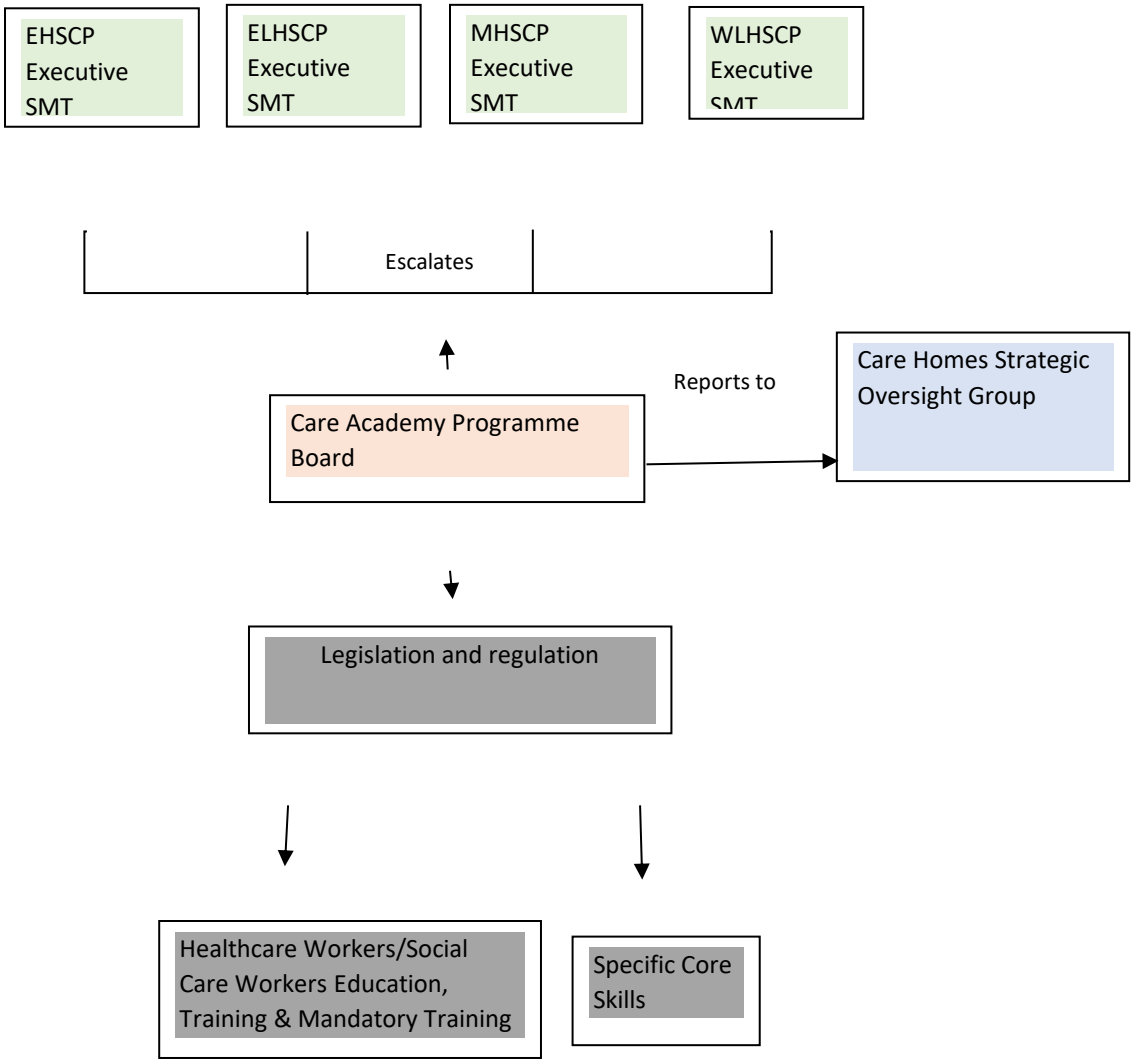
Time and capacity of staff

Lack of agreed shared vision within key stakeholders

14. Organisational Capacity

It is assumed that dedicated staff resources and Staff Side involvement, will be committed to ensure there is capability and capacity to deliver the programme successfully.

15. Programme Governance



Formation of Programme Board

A Terms of Reference (TOR) detailing the membership and roles and responsibilities of both Programme Board members and those in the project team has been agreed. The Programme Board will be made up of the following people:

Nurse Director Primary Care (Chair)	Pat Wynne Chair
Chief Nurse for Clinical Education	Janet Corcoran
ELHSCP Chief Nurse	Lorraine Cowan

EHSCP Chief Nurse	Jacqui Macrae
MLHSCP Chief Nurse	Fiona Stratton
WLHSCP Chief Nurse	Mairead Hughes
SSSC representative	tbc
Training and Development	? Amanda Langsley ? Andrea MacDonald
Chief Officer from a Partnership	Alison McDonald
Finance Representative	Moira Pringle
Lead Nurse, Quality Improvement and Standards in Care Homes	Maggie Byers-Smith
Staff Side Representation	Jasmine Clark
Bank General Manager	Catherine Crombie
WL Further Education Provider representative	Annette Miller
Edinburgh Further Provider representative	Caroline Hairs
Edinburgh Education Lead	Helen McKenna
ML Education Lead	Anthea Fraser
EL Education Lead	Margaret Drew
WL Education Lead	Matthew Baxter
Programme Manager	Donald Boyd
Project Manager	To be appointed

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v0.1	25/08/2020	First draft	Donald Boyd	n/a
V0.2	15/10/2020	Second draft. Change made to reflect options of delivery to option 4 and the recruitment of a project manager	Donald Boyd	
V0.4	00/02/2020	Updated to reflect preliminary work undertaken by Carol Crowther and Alison Jarvis	Alison Jarvis	
V0.5	00.03.2020	Updated following Programme Board on 26.2.21		

Appendix 27 Funding Request to Scottish Government for Care Home Support

NHS Lothian Board
Waverley Gate
2-4 Waterloo Place
EDINBURGH
EH1 3EG

Telephone 0131-536-9000
www.nhslothian.scot

Date 14 June 2021

Dear Jennifer

Care Homes, Infection Prevention & Control

Thank you for your email dated 2nd March.

Within NHS Lothian we have agreed the following changes to support Care Homes (CH) with Infection Prevention and Control and wider issues relating to education and training, tissue viability and quality improvement, all of which are targeted at care home sustainability and quality and safety of residents.

Item	Details	Quantity	Total Cost
STAFFING Infection Prevention and Control Team IPC specialist Nurses- Band 7	Permanent 37.5 hrs per week	1 WTE	£55,749
STAFFING Infection Prevention and Control Team IPC Specialist Nurses – band 6	Permanent 37.5 hrs per week	4	£45,737 x 4 = £182,948
STAFFING Care Home Education & Training Team Team lead - Band 7	Permanent 37.5 hrs per week	1	£55,749
STAFFING Care Home Education & Training Team Educators – Band 6	Permanent 37.5 hrs per week	3	£45,737x 3= £137,211
STAFFING Quality Improvement and Standards Team Lead -Band 7	Permanent 37.5 hrs per week	1	£55,749
STAFFING Quality Improvement and Standards Associate Improvement Advisors – Band 6	Permanent 37.5 hrs per week	4	£45,737 x 4 = £182,948
STAFFING Tissue Viability Care Home Team Team lead – Band 7	Permanent 37.5 hrs per week	1	£55,749
STAFFING Tissue Viability Care Home Team Nurses- band 6	Permanent 37.5 hrs per week	4	£45,737 x 4 = £182,948

Total			£900,051

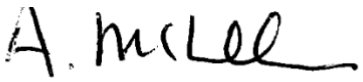
The Health and Social Care Partnerships have also invested in expanding their Care Home Support Teams to provide additional support including IPC.

We continue to review the best use of the additional resources to support CHs in the most meaningful way. Further detail is in appendix 1

We have also invested in a small number of additional posts in our Corporate Nursing Team to support Care Homes

- We have recruited a Programme Manager and an Administrator for the Care Home Programme Team.
- In March we will be recruiting a Project Manager for the Care Academy which will ensure new and existing staff have the right knowledge and skills including IPC required for posts across Health and Social Care in Lothian.

Yours sincerely



Alex McMahon
Executive Director, Nursing, Midwifery and AHPs

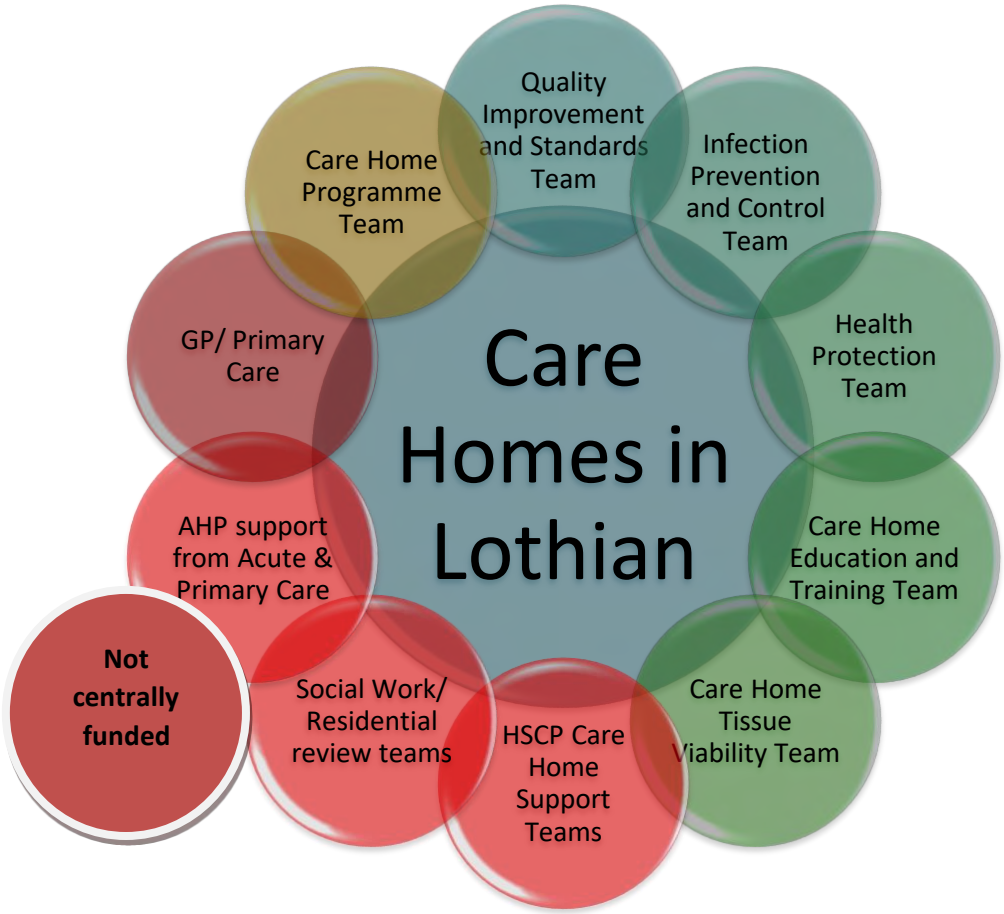
Appendix 1

Infection Prevention and Control (IPC) in Care Homes in Lothian

Supportive infrastructure from NHS Lothian and Health & Social Care Partnerships for Care Homes in Lothian

Team & resource	Key remits
Infection Prevention and Control Team 1 WTE Band 7 4 WTE Band 6	**Specialist IPC skills** **Specialist support and advice on IPC** Facilitation of prevention, surveillance, investigation and control of infection in Care Homes Review visits and advise CHs on their IPC arrangements Approval of IPC education and training materials
Health Protection Team	Outbreak Management **General IPC Skills. Enhanced for outbreak management in CHs** **General IPC advice and guidance**
HSCP Care Home Support Teams	Support Care Homes with advice and guidance Deliver and evaluate subject specific training including IPC **General IPC Skills. Enhanced for CHs** **General IPC advice and guidance**
Care Home Education & Training Team 1 WTE Band 7 3 WTE Band 6	Support CHs with all aspects of education and training Deliver and evaluate subject specific training including IPC **General IPC Skills. Enhanced for CHs** **General IPC advice and guidance**
Quality Improvement and Standards 1 WTE Band 7 4 WTE Band 6	Support CHs to identify areas for improvement and apply QI methodology to make improvements **General IPC Skills** **Support CHs through the improvement process including IPC.**
Tissue Viability Care Home Team 1 WTE Band 7 4 WTE Band 6	Support CHs to recognise risks and maintain residents skin integrity To support the reduction in incidences of pressure ulcers Provide education and training to CH staff **General IPC Skills**

Care Home Support Teams in Lothian


Care Homes in Lothian
Quality Improvement and Standards Team
Infection Prevention and Control Team
Health Protection Team
Care Home Education and Training Team
Care Home Tissue Viability Team
HSCP Care Home Support Teams
Social Work/ Residential review teams
AHP support from Acute & Primary Care
GP/ Primary Care
Care Home Programme Team
Not centrally funded

Appendix 28 Workforce and Organisational Change Care Home Support

NHS Lothian

Workforce Organisational Change Group

June 2020

Deputy Director of Nursing

Care Home Support

1. Purpose

A proposal to establish an infrastructure to support the NHS Board and H&SCPs to deliver their enhanced clinical care responsibilities and accountabilities to care homes within the 4 Local Authority areas.

2. Background

Briefly set the context:

- The attached SBAR sets out the rapidly changing situation around the responsibility and accountability for care homes. Further clarity has been provided by the Chief Nursing Officer for Scotland around the Executive Nurse Directors accountability in relation to care homes and the requirement to provide specialist advice for care at home services if required.
- There are two elements in scope
    - o project support in relation to the wider care home work stream and
    - o care homes infection control support in a hub and spoke model
- There have been discussions with the existing team about the additional support that is required to enable the duties to be discharged pan Lothian.
- There have been a series of Cabinet Secretary letters and Scottish Government guidance around the enhanced professional and clinical oversight of care homes which provide the policy backdrop.

3. Option Appraisal

This paper summarises a response to an immediate situation that requires a workforce solution. The only alternate options of do nothing does not provide staffing to deliver the necessary outcomes for the Board.

The preferred option is to establish an infrastructure to support the Board and the H&SCP deliver their enhanced clinical and care responsibilities to care homes within the Local Authority areas. The model to be developed is a hub and spoke arrangement with the corporate team aligned to the Nurse Director (Primary and Community Care) with a team of community and care home infection control nurses

operating across the partnerships as an integral part of the Care Home Support Teams.

It is proposed that the corporate team oversight is provided through a Lead Nurse role and a Senior Project Manager to co-ordinate the wider programme of work.

4. Summary of Workforce Changes

There is an overall increase in the workforce of 8 wte. The structure proposed provides a career structure from band 6 to band 8A and provides some resilience in a team that currently has only 1 post holder covering a Lothian wide remit. The reporting lines of the current Advanced Health Protection Nurse will be reassigned to the Nurse Director (Community and Primary Care) through the Lead Nurse position pending the outcome of the Public Health review. The Community and Care Home Infection Protection and Control team will have a professional relationship with the NHS Lothian IPCT team based in the Acute Division.

5. Financial Appraisal[1] by Shona Binning Finance Business Partner (for Corporate functions this will be the Senior Finance Manager).

The cost of the additional 8 posts required to form the new Community & Care Home IPC Team is circa £442k, this is based on indicative bandings at this stage. The detail is shown in the table below. No recurring funding source has as yet been identified however the Scottish Government (SG) recognises that Boards will be required to enhance their current level of staffing and this additional cost will be included in the Local Mobilisation Plan (LMP) that is submitted on a regular basis to the SG. The LMP details the level of funding that Boards are anticipating from the SG.

Role	Indicative Banding	wte	Cost
Senior Project Manager	8A	1	£71,003
Lead Nurse	8A	1	£71,003
Admin Support	4	1	£32,551
Health Protection IPC	7	1	£60,987
Health Protection IPC	6	4	£206,975
	Total	8	£442,519

Costed at top of Band but with no enhancements, some or all of these posts maybe required to work out of hours

NB: completion of this section by the Finance Business Partner is mandatory even where cost neutral. Failure to complete will result in the rejection of the paper. A list of the Finance Business Partners can be located on the WOCG intranet page:

http://hronline.lothian.scot.nhs.uk/HRPolicy/OrganisationalChange/Pages/WorkforceOrganisationalChangeGroup.aspx[6]

6. Impact on Other Areas

There is a current review of the Public Health Directorate, in which the professional and managerial lines of the current Advanced Health Protection Nurses will be considered.

7. Risk Assessment

The risks arising from the additional responsibilities placed on the Board Executive Nurse Director around standards of care in care homes will be entered on the corporate risk register. The actions in this paper to establish an infrastructure to support the delivery of the delegated responsibilities are mitigation against the corporate risk.

8. Integrated Impact Assessment

Please confirm if there is a requirement for an Integrated Impact Assessment: **http://hronline.lothian.scot.nhs.uk/About/EqualityAndDiversity/ImpactAssessment/Pages/ImpactAssessment.aspx The full Public Health review will be subject to a IIA, there is a requirement to enhance community and care home IPC as a matter of urgency to provide an equivalent service in these areas as it delivered across other parts of the organisation**

If yes, can you confirm this has been undertaken? **To be concluded as part of the wider Public Health review**

9. Training Requirements

Is there a requirement for training/development resources to implement the change? **No**

If yes has this been agreed with Education colleagues and funding received? **N/A**

10. Nursing and Midwifery Redesign

Does this application include redesign of nursing and/or midwifery services? **Yes**

---

[6]***Estimates of cost:*** *In some cases the estimate of costs are provisional and based on roles which require grading through the job evaluation process. Where the outcome of this process results in a material cost change from that estimated previously, the impact should be discussed and agreed with the relevant Business Partner to confirm affordability and any additional actions required.*

If so, has this proposal been used national Nursing and Midwifery Workload and Workforce project (NMWWP) tools? **No**

If no, please provide a rationale for this decision:

There is not a tool available for support roles such as described in this paper however the proposal has the support of the Deputy Director of Nursing who has assessed the staffing levels and the workload. It is considered an appropriate staffing level from which to establish a service and monitor demand.

11. Accommodation Requirements

Where the proposal leads to an increase in staff or a move of location, please advise what assessment has been undertaken in relation to the availability of accommodation/impact on staff currently in the location:

Have these requirements been approved by the NHS Lothian Accommodation Group? **Yes/No**

The corporate team will be based in Waverley Gate as part of the wider Corporate Nursing team (2 posts), the Community and Care Home IPC team will be dispersed to community bases in the Health and Social Care Partnerships to be closely aligned with the Care Home Support Teams.

12. Proposed Next Steps

Describe the proposed next steps, eg, Formal Consultation with those staff directly affected and the proposed timescales for implementing the change.

There are currently secondments (under a Covid Mutual Aid arrangement) to support the Lead Nurse and the Senior Project Manager roles. These will be formally advertised to open competition.

As there is some urgency to recruit to the band 6 posts to support the care homes across Lothian standard job descriptions from the extant IPC team will be utilised to enable recruitment of the team over coming weeks.

The group requires assurance that both staff and partnership representatives have been involved and engaged in the proposals for change and that there has been professional input from the HR&OD Team. Could your therefore confirm that your proposal submitted to the WOCG has adhered to the following:-

1. **The designated partnership representative has signed off the final paper? Yes /**
2. **The local Partnership Forum has been consulted? Yes**

Fiona Ireland

Deputy Director of Nursing

22 June 2020

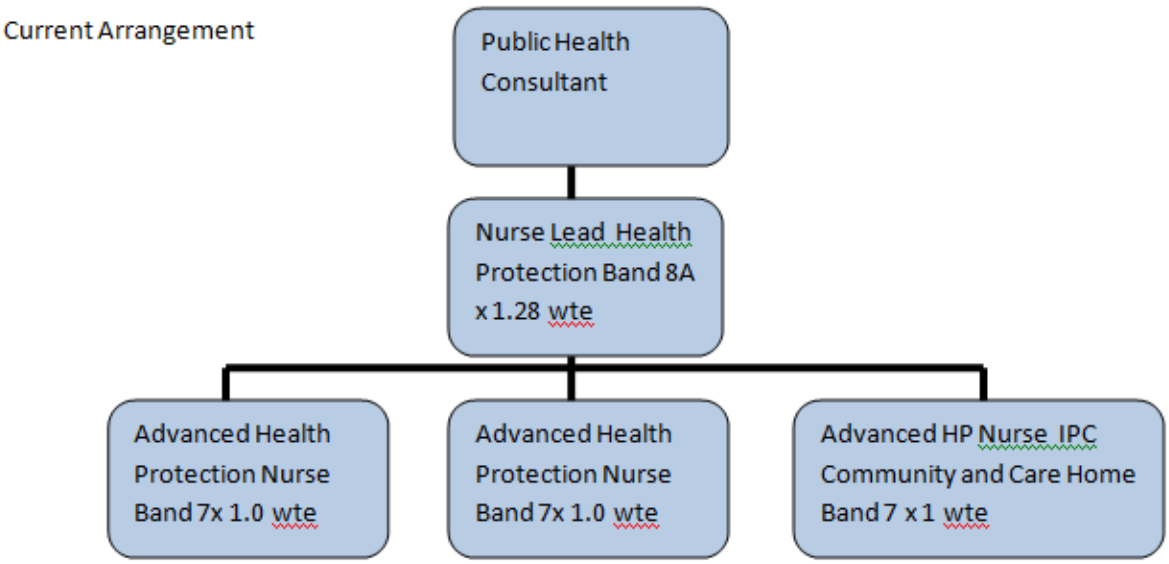
Jane Anderson

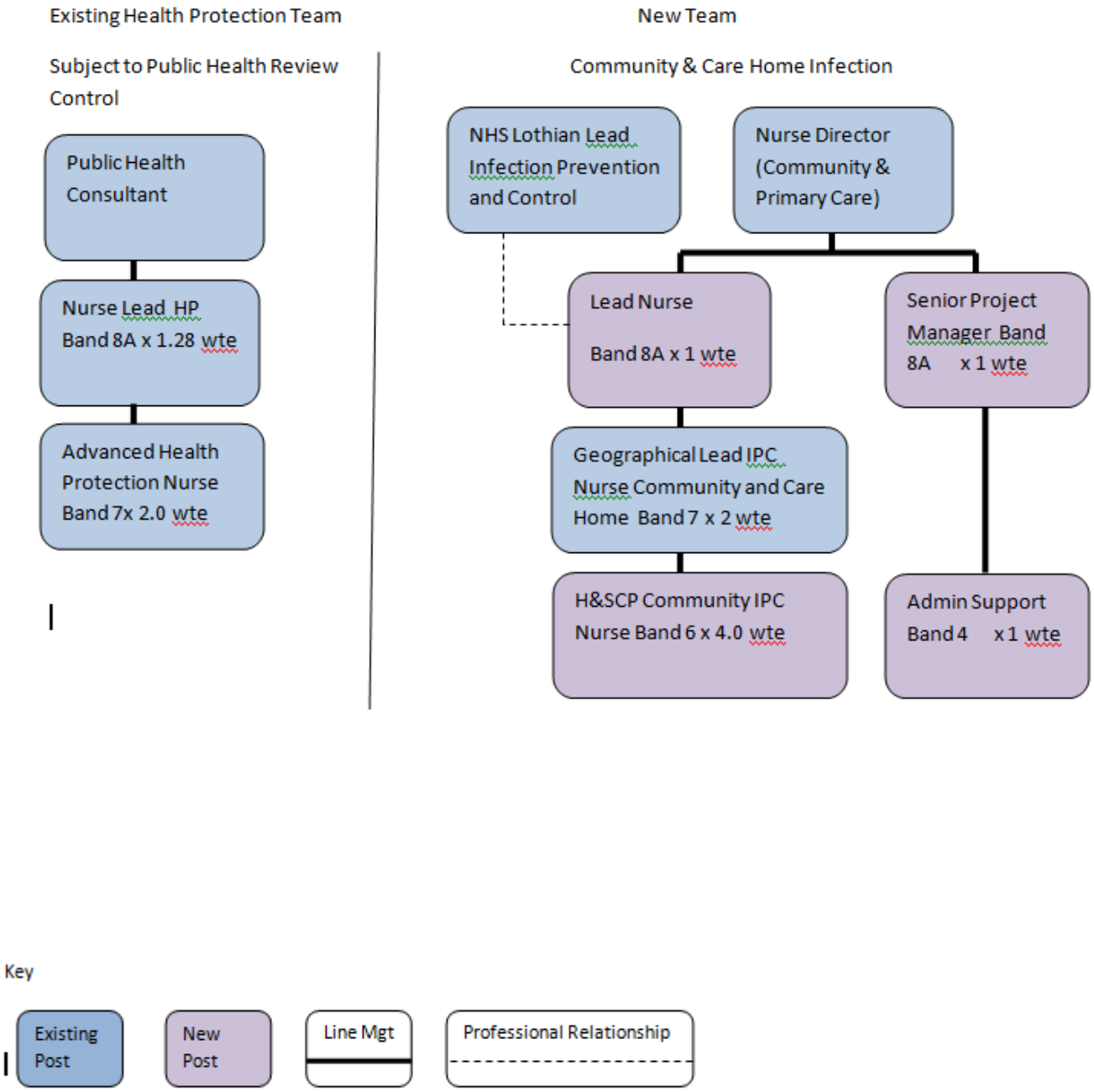
Partnership Lead Corporate

22 June 2020

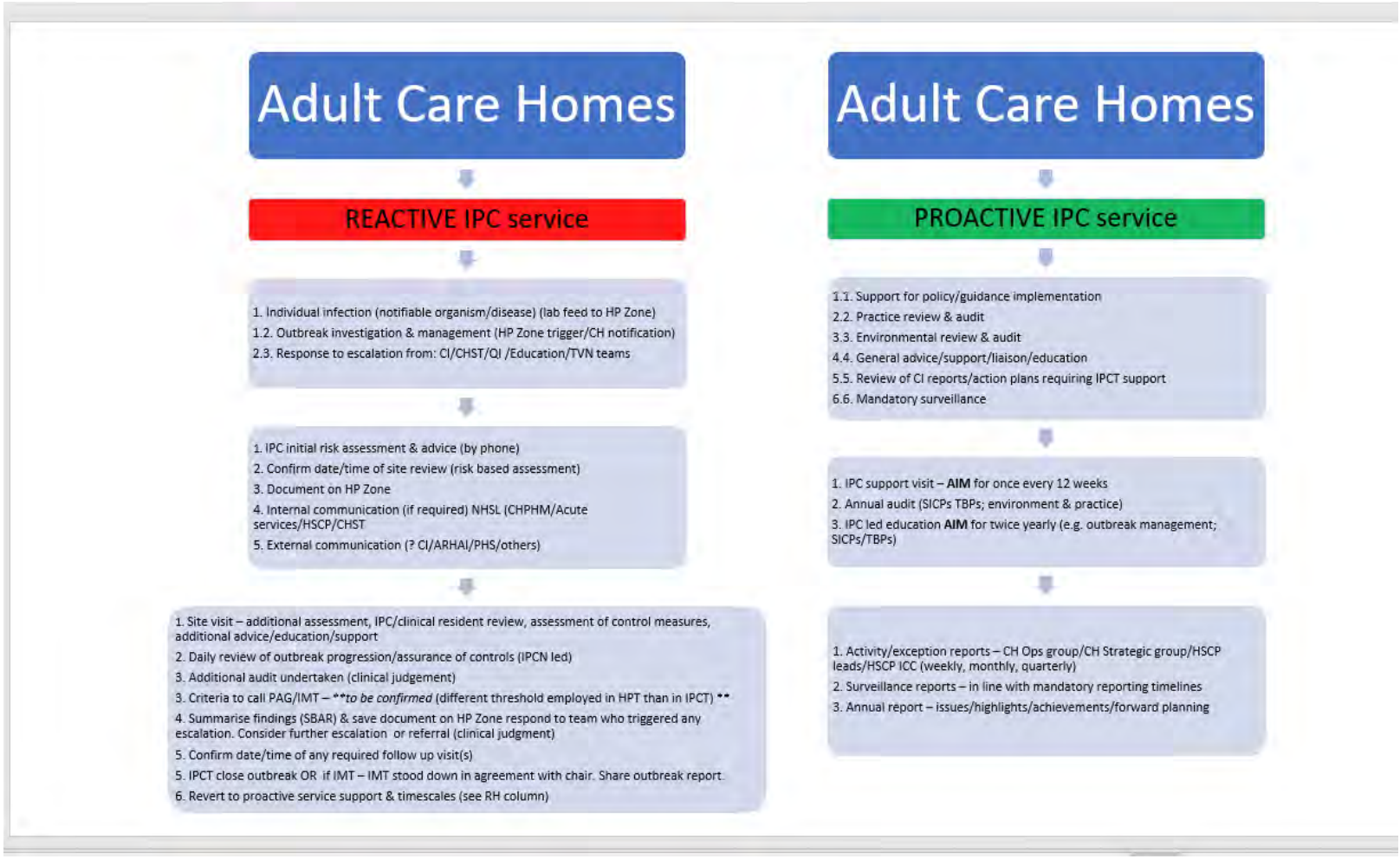
Appendices:

Please include current and proposed organisational structures




Existing Health Protection Team
Subject to Public Health Review
Control
Public Health Consultant
Nurse Lead HP Band 8A x 1.28 wte
Advanced Health Protection Nurse Band 7x 2.0 wte
New Team
Community & Care Home Infection
NHS Lothian Lead Infection Prevention and Control
Nurse Director (Community & Primary Care)
Lead Nurse Band 8A x 1 wte
Senior Project Manager Band 8A x 1 wte
Geographical Lead IPC Nurse Community and Care Home Band 7 x 2 wte
H&SCP Community IPC Nurse Band 6 x 4.0 wte
Admin Support Band 4 x1 wte
Key
Existing Post
New Post
Line Mgt
Professional Relationship

Appendix 29 Infection Prevention and Control Care Home Work Programme (April 2021)



Appendix 30 Over-Arching Educational Approach Care Homes

NHS Lothian
Over-Arching Educational Approach
Care Homes

Aim

- To provide timely and consistent education and training to the care homes across NHS Lothian

Education Resources

- Ensure there is a consistent approach to what is delivered regarding infection prevention and control to all care homes based on resources developed by the East Lothian Care Home Support Team.
- A toolbox of resources will be available to the team, however each facilitator will cover all subjects/principles outlined in East Lothian document if covering IPC/PPE
- Toolbox contains – PowerPoint with voice over, digital recordings, posters, handouts which will be hosted on the NHS Lothian Care Home Website.
- Facilitators will provide feedback to Care Home Education Lead or Deputy Chief Nurse on how sessions have been received or if any issues are noted.
- The key learning from the Lothian-wide Support Visits have been reviewed and the team of facilitators will incorporate these key learning points into education materials and principles to be covered in sessions
- Any other sessions requested by care homes will be referred to and reviewed by the Deputy Chief Nurse and a plan will be developed if possible (for example Confirmation of Death).
- An open weekly Microsoft Teams session on PPE/IPC will be delivered for all care home staff to access. Attendance will be recorded on the spreadsheet.

Communication

- A generic email will be set up for any queries around education and care homes and this will be checked daily. All requests will go through this email. This will be communicated to operational and strategic group
- Contact will be made within 24 hours with care home team (Edinburgh, West, Mid and East) or Care home, when education/training required/requested.
- IPC/PPE resources will be sent via email, so care homes have these to hand within 24 hours.
- Face to face or virtual sessions will be offered for staff regardless of the outbreak situation in individual care homes. All facilitators will adhere to infection control procedures, wearing appropriate PPE. The approach taken will be tailored to each care homes specific needs and preferences.

- Records will be kept of date of contact, date and time session arranged, number of attendees and any issues raised on a central spreadsheet. Facilitators will be responsible for updating the spreadsheet as soon as possible following delivery of session.
- Following every session, an email detailing number of attendees, topics covered and any issues raised will be sent to the care home manager and the Chief Nurse for the Partnership will be copied in. The email will also highlight if no issues were raised.
- If a care home has an outbreak and no session can be arranged or if home wants a session more than 72 hours later, the Partnership will be informed.
- If a care home cancels a session this will be fed back via the Partnership meeting.

Reporting mechanisms

- Facilitators to feed into Care Home Education Lead and Deputy Chief Nurse for Clinical Education regarding sessions or any concerns rasied
- A member of the education team will attend the daily Operational Group and if this is not possible the Chief Nurse Clinical Education will be informed.
- Chief Nurse/Deputy Chief Nurse will attend the overarching Strategic Oversight Group and feedback provide feedback to the care home education team.
- The Care Home Education Lead will complete the education and training contribution to the weekly care home report, using data gathered on the spreadsheet. This will be reviewed by the Deputy Chief Nurse and this will be shared with the education team.
- If a care home or care home support team has not come back to members of the care home education team within 72 hours of initial contact this will be flagged both at the Partnership and Operational Group. This information will also be highlighted in weekly report.
- A weekly report of any care homes identified as having a confirmed or active outbreak ('red areas') will be sent to Strategic Lead for Practice Learning in order that any high risk students who may be on placement are effectively managed and supported.

Janet Corcoran, Chief Nurse Clinical Education
4th November 2020

Appendix 31 Guidance for Health Professionals Statements Providing Police Scotland

The aim of this guidance is to provide clarity for health professionals who may be asked in the course of their work to provide statements to the Police undertaking investigations where a crime may have been committed. The guidance offers advice to health professionals to ensure they receive the appropriate support while providing statements and the opportunity to debrief thereafter.

You may be asked in the course of your work to provide a statement to the police. **You are obliged** to take part in any police investigation as an NHS employee.

If you are contacted by Police Scotland to provide a statement you need to advise your line manager as soon as possible to ensure appropriate support is available during the process.

A Police Officer should arrange a suitable time to take your statement. You can be supported by your line manager, colleague (if not involved in the case/incident) or a staff side representative. These individuals can only offer support; they are unable to answer on your behalf. It is important to discuss this with the police officer in advance of the meeting.

Providing Witness Statements

The Police Officer will outline the requirements of the witness statement and state the subject of the investigation/patient/client involved.

You will be asked to provide details of your employment, professional qualification, name and job title and length of time in current post.

You may be asked how long you have been involved with the patient/organisation as well as your role and involvement in patient(s) care, including times you were on duty.

If the investigation relates to a specific incident you may be asked to provide an explanation on what you were doing and where you were during any run up to the incident or whether you saw what happened.

You may be asked to go through in chronological order a list of events including who was there and what happened before, during and after any incident. If you did not see the incident you may be asked to clarify when you first heard about it, what you heard and who told you.

You can add any other information which you think might be relevant to the investigation.

Staff should restrict themselves to commenting on facts. Opinion or adverse comment should be avoided.

If you cannot remember something, then state this clearly.

Avoid the use of jargon, clichés and abbreviations.

Do not discuss your statement with others.

An opportunity to debrief after you provide your statement should be given by your line manager/staff side representative.

Being a police witness can cause anxiety for practitioners, it is important to remember, you will only have to go to court if the defendant:

- Denies the charges and pleads not guilty
- Pleads guilty but denies an important part of the offence which might affect the type of sentence he/she receives.

Most cases are heard in the Sheriff Court, more serious crimes are held in the High Court.

The police can issue a formal citation to witnesses requiring them to appear at court. If you receive a citation, you must ensure that you comply with any instructions contained within it. You should always take a citation seriously and if you are unable to attend for whatever reason. You should notify the court as soon as possible. If you fail to attend the court may take action against you for failing to appear.

If you do receive a citation to attend court, please contact your line manager in the first instance for advice and support.

Precognition Statements

A precognition is a distinctive feature of the Scottish legal system. It is a face to face interview of a witness who may be called to give evidence at a forthcoming criminal trial, civil proceedings or in respect of insurance claims.

A precognition statement is carried out to evaluate the evidence the witness will give while under oath at the trial.

A precognition is an account of what the witness says. It can't be put to the witness during the course of the trial – whilst other statements (Police statements or Witness statements) can be.

A precognition statement is given orally, then typed up and looks like a witness statement. Defence agents may employ a precognition agent to take statements on their behalf. You may be asked to give a number of statements if there are a number of parties involved in a case.

Witnesses are not under any direct legal obligation to agree to give a precognition statement to the Defence:

- You do not have to agree to give one but if one is given, it may stop you being cited for Court;
- You can meet face to face with no prior notice of the questions although this is not advisable:
- You can meet face to face having been sent the questions in advance. The Defence are not then allowed to deviate from those questions;
- You can have written questions and give written answers

If you do not wish to give a statement you should write or telephone them to make them aware of the fact.

Where can I get support?

If you are questioned by the police, it may be the case that you simply need to report what you have witnessed. However, if you are concerned about the incident or any aspect of your conduct or practice then you should seek support from your staff side representative.

If you find that you are a suspect (ie the police say that they will be interviewing you under caution) you should not answer questions or submit any statement until you have legal support. You should also advise your manager that this is the case.

http://intranet.lothian.scot.nhs.uk/StaffRoom/StaffAssociations/Pages/default.aspx

https://www.rcn.org.uk/

https://www.unison-scotland.org/about-us/help/

NHS Lothian Public Protection Team 0131 536 5065

Appendix 32 Care Home Support for Care homes across Lothian

Professor Alison McCallum,

Director of Public Health and Health Policy, NHS

Lothian 24/04/20

Developing a System of Assurance to Improve the Health and Wellbeing of Residents and Staff in Care Homes during the COVID-19 pandemic

Background

There are 143 Registered Care Homes in Lothian with 5000 beds. Ownership is a mixture of Local Authority and independent with a small number run by churches and charities. A significant proportion of residents are pay for their own care with some homes, particularly in Edinburgh, have few or no local authority commissioned beds. An overview of the care home market can be found here[1].

Across Lothian, care home staff are offered training on infection prevention and control on an annual basis to prevent and address outbreaks of communicable disease, particularly flu-like illness and norovirus. Staff and residents are offered flu vaccine.

Initial response as per COVID-19 plan

The initial response structure included Care Homes within each Health and Social Care Partnership and the Tactical Health and Social Care Partnership Group chaired by one of the four IJB Chief Officers/Directors of the Health and Social Care Partnerships. All four Chief Officers feed into the NHS Lothian Strategic Management Group (Gold) as well as their respective Local Authority responses. Multiagency working is undertaken through the Local Resilience Partnerships and the Lothians and Borders Care for People Group.

Health Protection response

As the virus emerged in Care Homes, the Health Protection Team supported care homes with ongoing advice regarding isolation, PPE, infection prevention and control advice and cleaning, swabbing. Care homes have also received support from GPs, primary care and community staff, including swabbing for COVID-19 where appropriate. Swabs were undertaken to determine the presence of the virus in the care home, to confirm a cluster or outbreak and for clinical reasons.

The Health Protection team provides ongoing support for care homes that contact them to notify a confirmed or suspected case or that raise any concerns with the team. The Health Protection team gets direct laboratory confirmation of care home residents with positive CVID-19 test results, and will contact care homes with these results and provide further outbreak control advice.

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1 https://content.knightfrank.com/research/548/documents/en/care-homes-trading-performance-review- 2019-6698.pdf.

Of the 143 registered care homes, to date, the Health Protection team has had regular contact with 73 care homes during the COVID 19 pandemic, and is currently supporting 50 care homes with COVID -19 outbreaks as outlined above. If required, they provide outbreak management support by convening Problem Assessment Groups (PAGs) or Incident Management Teams (IMT), and have also organised infection control support to go out to care homes to support them.

In addition, the Health Protection Team has been sending out information to all care homes to update guidance, inform them and provide links to access PPE and additional staff, provide access to staff testing and professional support to care home staff.

NHS Lothian is working closely with its Partners across the 4 Health and Social Care Partnerships (East Lothian, Midlothian, West Lothian and Edinburgh) as well as with wider partners (including Care inspectorate) to support all are homes in Lothian in their response to the COVID-19 Pandemic.

Establish a Dedicated Tactical Group to address COVID-19 outbreaks in the care home population

In order to provide a systematic and structured approach to its response, a Tactical Care Home Group has been established. The Tactical Group brings together representation of the Chief Nurses from all four Partnerships, Public Health, the Care Inspectorate and Scottish Care. It is co-chaired by Alison MacDonald, Chief Officer in East Lothian and care home Lead across Lothian, and Pat Wynne (Nurse Director Primary/Community Care, NHS Lothian). It reports into NHS Lothian's Strategic Management Group (Gold).

Adequacy of the response to the pandemic by Care Homes

The Group are developing an overarching Action plan to address care home issues across Lothian (Appendix 1).

Development and implement of local action plans

Care Home teams provide practical leadership and support to Care Homes in the four Health and Social Care Partnerships, supported by specialist Health Protection staff in hours and Public Health on call at evenings and weekends. Each HSCP has developed their own local Action plan. These have been submitted to Scottish Government separately **(**Appendix 2-6 – not contained within this document).

The local action plans include visits to care homes in their area where this is appropriate. The way that the teams work varies between the Partnerships, as do the relationships the teams have established with the care homes. The teams have been supporting the care homes by providing training and educational support, telephone conferences to check in with care homes and update them on progress, visiting to provide practical support or advice, help source urgent PPE supplies and test symptomatic residents. In Edinburgh, the Chief Nurse has provided personal support when individual care homes have been struggling. A team of experienced District nurses provides further support.

Developing additional understanding and support for the Care Home response to COVID- 19

Following the letter from Scottish Government dated April 17, every care home across Lothian has been contacted by phone by a member of staff from the team that supports care homes, and, as part of their role, assessed the current situation in relation to the 5 aspects outlined in the letter. These areas are:

1) knowledge and implementation of **infection prevention and control measures** (NHS guidance 1234);
2) knowledge and observance of **social distancing** measures, for staff and residents;
3) adequate **staffing** levels at all times and for all functions;
4) the availability and quality of **training** for all staffin particular on infection control, and the safe use of PPE (NHS guidance 5678),
5) the effective use of **testing.**

These assessments will inform the ongoing offer from the wider support network (across HSCP care home teams, Health Protection, Nursing support, staffing etc) and help prioritise the content and delivery of any planned visits, including to deliver hands on care. A proposal for the planning of further visits is appended to this document (Appendix 7).

In summary:

1) Overall the assessments were perceived very positively and provided assurance that all care homes had a good understanding of the relevant issues and had put process in place to dealwith the pandemic. During the assessment specific interventions were identified that require either additional generic support that will be developed for all care homes across Lothian, as well as some more targeted or specific support needs for individual care homes. These assessments will inform the development of the overall support offer, as well as guide the targeted interventions.

2) The approach taken in supporting care homes by NHS Lothian and the Health and Social Care Partnerships is focused on providing ongoing developmental support to care homes (ensuring supportive approach including training and coaching approaches) as opposed to reliance on a process of inspection. The majority of care homes are very keen to engage with this process, however if there- are any concerns about care homes not engaging or complying with the process, the Board, Local Authorities and Partnerships have legislative powers that they will use.

   There is some work required to set out explicitly how the existing legislative and regulatory powers would be applied if care homes did not engage with the supportive process and to ensure that this is understood by all parties.

3) Despite a lot of work having been undertaken to provide information and training on PPE use (updating guidance, training videos and poster etc), care homes have expressed a need for further support around using PPE. This is likely to require a direct visit and this will be provided by the HSCP care teams or the outreach team.

4) Another common and ongoing concern was around the availability of facemasks. Care homes must ensure that they have sufficient PPE to comply with HPS guidance. Further work is required to ensure care homes have secure access to sufficient PPE to meet their needs.

5) Further support needs around aspects of testing have been identified through the initial assessment. This is relation to accessing testing for staff members as well as guidance on testing of care home residents.

6) A key theme emerging from assessments with care homes is around having sufficient levels of staffing that does not rely on bank or agency staff working across different care home sites. Ensuring adequate staffing levels is a responsibility of care home providers. SSSC have developed a system that coordinates requests from providers seeking workforce assistant with staff identified on the NES portal. NHS Lothian has been promoting the use of this service to care home providers and directing them to the link. In addition to this, additional work is being undertaken to support local decision making around staffing levels and support care homes.

7) Most care homes were keen to have support through visits by the care home team, however, others declined the offer and requested technology facilitated support through video links or support. Where the care home team and health protection team do not have any concerns in relation to the processes and knowledge and skills in the care home, this can be supported. However, in cases where there is a concern to any aspect of infection prevention and control or care provided in the care home, and where it is felt a face to face visit is required, this would be undertaken following discussion with the care home.

Developing a deeper understanding of the care home outbreaks

NHS Lothian has set up a Care home epidemiology cell to strengthen the understanding of the outbreak in care homes and to establish a robust and timely understanding of the issues. In order to achieve this, NHS Lothian is working together with HSCP, Care Inspectorate, Analytical Service, and including information from police, and primary care reporting, as well as information collected by the health protection team.

Additional work is being planned to understand the barriers and the challenges that staff face in implementing best practice every time, every day and what additional support, training and interventions are required.

Identifying and breaking chains of transmission

Scaling up testing of staff and residents

A system of testing for care home residents has been set up. This included the development and distribution of training materials to train staff in care homes and GPs in the correct use of PPE, the process of taking the swab as well as the correct way of packaging and labelling the sample for transport to the laboratory.

In addition to this, an outreach testing team has been established. This provides a service testing residents in care homes, providing face to face training on the correct use of PPE and training care home staff to undertake the test. This service is linking in with the Care home teams in all 4 HSCPs and care homes can refer to the service via e-mail (Appendix 8)

NHS Lothian has established a staff COVID testing facility at Chalmers Hospital in Edinburgh for Health and social care staff (or their symptomatic household contacts). Testing of Children is also available through nursing support from the Royal Hospital of Sick Children (RHSC).This opened on 26 March and in the first 4 weeks (until 19 April) performed 2,296 tests on NHS, Health and Social Care Partnership and Care Home staff. 465 (approximately 24%) were positive. This is a seven day service, set up as a drive through facility. Access to transport through a dedicated taxi service has also been developed to make this service accessible to those that do not have access to their own car.

Clients receive a text message with their results.

On 23 April a second site has opened at West Lothian College – this functions as an outreach from Chalmers and will operate Monday to Saturday.

Access to the Health and Social Care staff testing service is through occupational health and this has been promoted to health and social care staff (Appendix 8 – not contained within this document) and information e-mailed to all care home mangers

In addition, testing at Edinburgh Airport for wider front line workers has also been set up and has started testing. This service is primarily for testing for occupational health purposes at present; the delay in receiving results and access to them by the Health Protection Team means that this is not suitable for detecting and managing outbreaks.

Plans are under way to establish the possibility of contact tracing and interventions to break the chains of transmission in care home residents and staff identified as positive for COVID. This work is in early stages, but will build on the foundations of the robust process around testing of residents and staff. This is in line with the emerging plans being developed at pace between Public Health Scotland and NHS Board Chief Executives and Directors of Public Health.

Appendix 1 Action plan for care home support NHS Lothian

Requirement from SG

Set up working arrangements with local Infection and Prevention and control teams, care inspectorate, Primary care teams and others, DPH to oversee local support and assurance to all care homes so that they can provide a safe setting for their residents and staff throughout the COVID19 incident.

By 24th April:

- Provide evidence of an initial assessment having been carried out with each care home (by phone or direct contact)
- Provide an outline of an initial programme of visits (weekly updates following on from this)
- Provide assurance of a robust pathway for workers ore household contacts to testing through single point of access (that has been clearly communicated)

Thereafter:

Develop action plan and establish system to oversee work this area of work and allows compliance with requirements:

- Weekly reporting of data on care homes
- Weekly updates on visits to care homes
- Weekly update on testing
- Training programme to support care homes

	Actions	**Linking to SG key areas**	**Assurance/Output**
Structure	Establish a Tactical Partnership group to lead the development and the implementation of the Joint Care Home Agency Action Plan (JCHAAP)	(Leadership- not of SG areas listed, but key requirement)	Record of meetings and Action log,
	Establish an Operational Partnership group that brings relevant agencies together to support local care home providers (for all care homes irrespective of funding)		Lead by each HSCP area care home support set up linking in Health Protection as well as other support as required. • Meeting notes/ action log
Process	Develop a Joint Care Home Agency Action Plan (JCHAAP) that receives sign up by all relevant stakeholders.		Joint Care Home Agency Action Plan

	Ensure all care home providers have an infection prevention and control policy in place for dealing with COVID-19 with clear roles and responsibilities of implementation in their organisation. Ensure all care homes have business continuity plans. Ensure all care homes have assurance processes in place to implement and evaluate quality improvement actions. Support, as appropriate, should be provided to care home providers to help them develop robust plans.		Audit of care homes (? national tool kit or local developed audit tools?)
	Ensure a clear process of escalation of issues including notification of cases is established and care home providers are aware of this process		Audit process with care homes
Surveillance and reporting	Establish a local surveillance system to allow the timely and comprehensive understanding of outbreaks in care homes across the partnership. Working with a range of organizations to ensure reduced burden of reporting on individual care home providers while assuring complete and accurate information is available to all who need it can be helpful. This could include the establishment of a single point of data returns from care homes. Ensure onward reporting of Board level information to Public Health Scotland and Scottish Government.		Database with daily sitreps as well as weekly reports to be reviewed at tactical group and reported back to SG and PHS by DPH

Training and Educational Support	Ensure Training and Educational support to ensure care home staff have the necessary - understanding of the characteristics of the novel coronavirus (COVID-19) and its different forms of presentation. -understanding of the principles of infection prevention and control - practical skills to implement the required infection prevention and control measure (including skills of correct use of PPE) This could require establishing new support and educational resources or working on existing structures. Ensure a process is in place to ensure care homes have access to up to date guidance in line with Health Protection Scotland advice on the response to COVID-19 as relevant to the care home sector. Consider using a range of methods and medias for training.	a)knowledge and implementation of infection prevention and control measures; d) availability and quality of training for all staff in particular on infection control and the safe use of PPE; b)knowledge and observance of social distancing measures, both for staff and residents;	-develop training programme for care homes (working with HSCP care home teams to adapt content to suit local set up and delivery options) HPT to work with Infection control leads in each HSCP and Infection control at NHS Lothian and (list others) to develop training material and resources (explore link with Universities re online training materials)
Implementation of infection prevention and control measures	Ensure access to the necessary PPE and other materials required is available on an ongoing basis and (planning ahead)	d)availability and quality of training for all staff in particular on infection control and the safe use of PPE; and	Follow up with care homes (daily reporting to capture this)
	Ensure care homes are supported in implementing social (physical) distancing in care homes	b) knowledge and observance of social distancing measures, both for staff and residents;	(audit/visits/ quality improvement support as appropriate)
	Ensure care home staff are able to implement the necessary interventions and put in place infection control measures when required	a)knowledge and implementation of infection prevention and control measures;	(audit/visits/ quality improvement support as appropriate)
Staffing	Ensure care home providers have sufficient staffing level to meet the needs of residents during this time	c) staffing levels at all times and for all functions;	Daily reporting / + audits and visits?

	of likely increased caring demands (through increased physical health needs but also mental health and wellbeing needs as a result of social distancing, self-isolation as well as anxiety and distressed as a result of the COVID-19 pandemic)		
	Ensure all care home managers and staff are aware of the symptoms of COVID-19 in relation to staff and the importance of abstaining from work if staff members display symptoms (or have household contacts with symptoms) and implement “stay at home” policies. Testing of staff or their household contacts for COVID-19 (see below) can contribute to reducing absences from work by allowing staff members to return to work earlier and can be an important intervention to support care homes manage their staffing levels This also includes care homes being aware of the challenges of reduced income for employees and thus pressure for staff to attend work. Care homes should ensure staff members have access to financial support to ensure they are not financially disadvantaged by needing to stay at home.	c) staffing levels at all times and for all functions;	(audit/visits/ quality improvement support as appropriate)
	Ensure processes are in place to allow care home providers to access additional staff who do not work across multiple settings (consider establishing different ways of providing staff that does not rely on agency or bank staff working across different organizations or settings)	c) staffing levels at all times and for all functions;	(audit/visits/ quality improvemen t support as appropriate)

	Ensure support is available for staff members in care homes to be able in dealing with the emotional impacts of dealing with the COVID- 19 pandemic		Measure availability and uptake of support using established tools
Diagnostics of COVID-19 infection	Ensure access to testing for COVID- 19 is available to members of staff as well as residents in the care home displaying symptoms of the infection to allow early diagnosis and support the implementation of measures to self-isolation and access to appropriate treatment.	e) the effective use of testing.	Uptake of testing (daily reporting and weekly updates presented to tactical group)/ complaint log for those having difficulty accessing
	Develop and communicate across the network of care home support and care home providers, a clear pathway of interpretations and actions required depending on different test results in different situations.	e) the effective use of testing.	(audit/visits/ quality improvement support as appropriate)

Appendix 7 Programme for planned support visits to care home

In order to support care homes NHS Lothian is working with the Health and Social Care Partnerships and care homes to develop a system of support and ongoing developmental improvement.

The Care Home Tactical Group co-ordinates Lothian wide response and escalates concerns and issues appropriately.

A general offer of support and education is being developed to cover care homes across Lothian, however the implementation is led by the operational groups and led by the care home teams in each HSCP. This allows the offer to be provided in the context of the arrangement and relationships in each settings and takes into consideration the specific needs of care home residents and staff in the different areas.

The overarching action is to:

Ensure training and educational support to ensure care home staff have the necessary

- understanding of the characteristics of the novel coronavirus (COVID-19) and its different forms of presentation.
- understanding of the principles of infection prevention and control
- practical skills to implement the required infection prevention and control measure (including skills of correct use of PPE)

This could require establishing new support and educational resources or working on existing structures. Ensure a process is in place to ensure care homes have access to up to date guidance in line with Health Protection Scotland advice on the response to COVID-19 as relevant to the care home sector.

In order to achieve this aim, a range of additional methods and media for training are being considered. Use of these materials and training opportunities will vary across the different HSCP taking into consideration the needs and opportunities that exist in the care homes and trying to cater for different learning styles and needs of staff and managers.

The offer will be developed by the care home team in conjunction with the Health Protection team and infection Control Team, building on learning from existing work and informed by ongoing assessments with the care homes as to the training and support needs emerging in the light of the pandemic.

A programme of targeted visits to care home is envisaged to form part of this overarching process of support.

Care home teams as well as the care home outreach team have already undertaken visits with care homes and used these to support care homes with the use of PPE and infection prevention and control measures specific to their setting. These visits have been received very positively by the care homes and the supportive element, building on a process of ongoing development was well received.

In care homes with ongoing outbreaks, the Health protection team continues to proved outbreak management support and if there are concerns or additional support is required a Problem Assessment Group or Incident Management Team is convened. On occasion a target visit would be suggested as an action from the discussion and this will be done within the next 24 hours as a priority. Action under the Public Health (Scotland) Act 2008 and

related legislation can largely be undertaken virtually as a result of arrangements established for COVID-19.

Other visits will be determined by the care home team based on the initial assessment and the routine follow up they have with care homes.

The initial assessment and follow up identifies generic support needs as well as targeted interventions and support required (this could be in care homes with ongoing outbreaks, but also in those without any cases).

Priority for visits

Highest priority:

- Identified as at risk and joint discussion with HPT and care home team assessed as needing immediate support (clear plan for visit developed and visit within 24 hours)
- Should there be professional, or adult support and protection concerns identified, these would be addressed through the established processes in partnership with the Director of Public Protection.

Medium priority

- Some targeted support needs identified and agreement with care home about benefit of the visit and focus discussed. Visit by care home support team within 2 -3 days
- If specific element requiring support is identified, arrangements will be made to meet this need prior as soon as possible (7 days a week) to undertaking a full visit (in the past this has been around access to swabs or items of PPE)
- Generic support needs identified will help inform overall offer and generic information provided to care home prior to visit.

Low priority

- Routine visit with no specific anticipated concern. Routine visit arranged with care home. A RAG rating table has been generated as a result of the initial assessment and this will guide the prioritisation of the care home for routine visit in each of the 4 HSCP. How many of these routine visits will be undertaken will vary on local capacity as well as the number of higher priority care homes identified.
- Low priority care homes will get regular phone support to ensure that they remain low priority or will increase priority of visit.
- Ongoing generic support will be provided to these care homes around updated guidance, training and ongoing regular contacts.
- All care homes have the opportunity to contact their care home team or the Health Protection team if they have any concerns

As is apparent from the above, it is a dynamic situation and the priority status for visits of the care home can change over time.

Every HSCP care home team will provide an overview of anticipated visits for each week allowing time for emergency or urgent visits if they arise.

Appendix 33 Agenda Template for Incident Management Team for Enhanced Outbreak Management

NHS Lothian

Incident Management Team A G E N D A

1. **Introduction**
   Apologies, reminder of "confidentiality", FOI and conflicts of interest

2. **Current situation**
   - 2.1 Situation Update – HPT report
   - 2.2 Situation Update – Care facility Manager report
   - 2.3 Layout of care facility (Visiting Area)
   - 2.4 Staffing numbers (For care and to support visiting)
   - 2.5 Deaths (to be reported to procurator fiscal)

3. **Investigations**
   - 3.1 Staff Testing – PCR and Lateral Flow
   - 3.2 Whole Home Testing

4. **Control Measures**
   - 4.1 Cohorting of positive residents (walking with purpose)
   - 4.2 Cohorting of staff
   - 4.3 Staff social distancing (car shares, changing rooms, breaks, smoking shelters)
   - 4.4 PPE use, sufficiency, storage
   - 4.5 Hand Hygiene
   - 4.6 Uniform policy
   - 4.7 Environmental cleaning (Touch points, equipment)
   - 4.8 Ventilation
   - 4.9 Residents and Staff Vaccination status
   - 4.10 New Admissions – vaccination, testing
   - 4.11 Communal area risk assessment and use of garden/common area for residents
   - 4.12 Essential visits
   - 4.13 Need for site visit

5. **Staff wellbeing**

6. **Visiting Control Measures**
   https://services.nhslothian.scot/CareHomes/Pages/Visiting.aspx
   - 6.1. Outbreak Status
   - 6.2. IPC Compliance for visitors
   - 6.3. PPE for visitors
   - 6.4. Visitor Screening and Testing
   - 6.5. Designated Visitors Agreed
   - 6.6. Local partners views

7. **Communications**
   - 7.1. Informing others –
   - 7.2. Need for holding statement

8. **Plans for follow up of actions generated (e.g. email or further meeting required**

Appendix 34 Briefing on Enhanced Outbreak Response for Test, Chase, Isolate & Support Tactical Group
6/05/20

Frederike Garbe, Health Protection Team

Background:

Scottish Government announcement on 15th of April set out requirements of offering testing for all care home residents and care home staff displaying symptoms consisted with COVID-19 infection, extended further by an announcement by the First Minister on 1st of May to testing to both staff as well as residents in care homes to those not displaying clinical symptoms of COVID 19.

The requirement of enhanced testing by government laid out testing requirements is structured in three groups

1. **Undertaking enhanced outbreak investigation in all care homes where there are cases of COVID:** We now intend to undertake enhanced outbreak investigation in all care homes where there are cases of COVID - this will involve testing, subject to individuals' consent, all residents and staff, whether or not they have symptoms.

2. **Comprehensive surveillance testing in care homes where there are no cases:** Sampling testing should be started in care homes where there are no cases. By definition this will also include testing residents and staff who are not symptomatic.

3. **Testing across care home groups:** Where a care home with an outbreak is part of a group or chain, and staff may still be moving between homes, we expect urgent testing to be carried out in any linked homes.

(full letter regarding care home testing from SG 1st of May : 
Testing - letter to Chief Executives - 1 M)

In addition to the announcements around extending testing in care homes, the Scottish Test, Trace, Isolate, Support Strategy was published on 4th of May, and this provides blueprint to Scotland's approach to interrupting community transmission of COVID-19 and work in relation to reducing transmission in care homes (including enhanced outbreak response) need to be aligned to this overall approach.

Situation in Lothian

In Lothian, there has been a systematic set up of systems to enable testing for health and social care staff as well as care home residents. Over time and these systems have been expanded and adapted in line with changing guidance and the change in the pandemic.

NHS Lothian has established a staff COVID testing facility at Chalmers Hospital in Edinburgh for
Health and social care staff (or their symptomatic household contacts). Testing of Children is also available through nursing support from the Royal Hospital of Sick Children (RHSC). This opened on 26 March and in the first 4 weeks (until 19 April) performed 2,296 tests on NHS, Health and Social Care

Partnership and Care Home staff. 465 (approximately 24%) were positive. This is a seven day service, set up as a drive through facility. Access to transport through a dedicated taxi service has also been developed to make this service accessible to those that do not have access to their own car.

This service is led by Occupational Health in NHS Lothian.

Linked to this service an outreach testing team has been set up, that can test symptomatic individuals in closed residential settings. With the extension of the requirement of testing residents in care homes, the service has been scaled up to provide additional capacity to test residents in care homes.

Testing of care home residents is delivered through a mixture of testing undertaken by care home or district nurses or primary care teams as well as testing by the care home outreach team.

Educational support and training to support care home nursing staff undertake testing has been provided by information and training videos. In addition, when the care home team go to care homes, they provide practical support and training around the use of Personal Protective Equipment (PPE), infection prevention and control measures as well as training to undertake testing for COVID.

There are 109 care homes in Lothian. The Health Protection team (HPT) in NHS Lothian provides support for health protection, infection prevention and control and outbreak management to care homes. COVID-19 is a notifiable disease and care homes have to notify HPT of cases of COVID-19 infection in care homes. HPT is notified of positive COVID test in residents in care homes directly from the lab. Since the start of the pandemic, HPT has had involvement with 79 of the 109 care homes in relation to confirmed or suspected cases of COVID or around COVIID related issues. They currently support 51 care homes with COVID on an ongoing basis. As part of this, Problem Assessment Groups (PAGs or Incident Management Teams (IMT)s are set up to support the management of some outbreaks.

In the week commencing 20th April, a number of PAGs or IMT were led by the HPT on situations relating to COVID in a range of confined settings. As part of the discussion, extending testing to all residents and staff in some of the residential settings was felt to be required to support the enhanced outbreak response to the evolving situation.

In order to facilitate this approach, an Enhanced Outbreak Response team (EOR) was set up to undertake the testing and provide governance around following up and communicating results. The establishment of the EOR response and setting up the EOR team is led by Dr Duncan McCormick (Consultant in Public Health and Health Protection), Dr Dan Clutterbuck (Consultant in Sexual Health Medicine) Yvonne Kerr (Programme Manager Healthy Respect service), Alison Milne (Screening Programme Manger and Lead for care home outreach COVID testing service) and Alistair Leckie (Director of Occupational Health Service and lead for NHS Lothian Health and Social Care Staff COVID testing service).

This allowed enhanced outbreak response testing to be undertaken in Lothian in a small number of settings in the week commencing the 27th of April.

Following on from the announcement from SG about enhanced testing, it is proposed that delivering on the requirement of enhanced outbreak testing in Lothian is undertaken through an expansion of the EOR team and builds on the learning from the early pilots of testing in some settings that have already been undertaken.

Outline of the proposed plan

Identification of care homes for testing

General support to care homes is provided by Health and Social Care Partnership (HSCP) care home teams and the NHS Lothian HPT as well as the Care Inspectorate (CI).

Thus, all care homes in Lothian are in ongoing regular contact with any or all of these agencies and through close working arrangements across NHS Lothian, HSCP and CI information is shared between the agencies to develop a share understanding of the issues.

A process of prioritisation of care homes to undertake enhanced outbreak response testing has been set up:

- First cases (defined as first ever or a break of 14 days since the last)
- Explosive outbreaks
- Big outbreaks
- Very complex situation

Care homes suitable for enhanced outbreak response are identified through the regular communications and regular contacts with care homes.

To plan the enhance outbreak response, a PAG bringing together care home manager, care home support team, HPT nurse and consultant, EOR team representative , HSCP representative (chief nurse or delegate) , Environmental Health Officer (EHO), Care Inspectorate representative, communications representative and others as felt appropriate.

This provides an opportunity to ensure a clear and complete understanding of the situation by all those involved. In the PAG, a risk assessment will be undertaken and a decision as to who the sting should be extended to as well as the timeline of testing will be planned. This ensures that there is a holistic approach to the enhanced outbreak response, including a strong focus on ensuring strengthening infection prevention and control support. Testing of asymptomatic staff and residents is only one part of the overall enhanced outbreak response.

In addition, the PAG ensures a clear planning and focus on ensuring staff is available to support care homes if a number of staff is required to self isolate following detection of COVID-19.

As part of these discussions identification of individuals working across different care homes can be identified, and if testing positive for COVID-19 a risk assessment of extending enhance outbreak response testing in the other care homes in the group or that the staff member worked in can be undertaken.

Testing of staff and residents in care homes without any presumed cases will be planned in due course, but it is presumed that resources are initially focused on addressing situations where there is an emerging or established OCVID outbreak in a care home.

Testing of staff and residents

In the enhanced outbreak testing that has been undertaken to date in NHS Lothian, the testing has been undertaken in 3 phases. The phase one focussed on testing of staff, with the second phase currently being developed and focusing on testing of residents and the third phase including contact tracing of those testing positive for COVID-19.

It is proposed that the approach taken to role out testing is in line with the Enhanced Outbreak response as being established under HPT leadership.

This work is rapidly developing and current governance structures and SOP are working documents and still in draft.

The EOR testing will feed into the care home operational and tactical group that have been established to lead the care home response to COVID across Lothian.

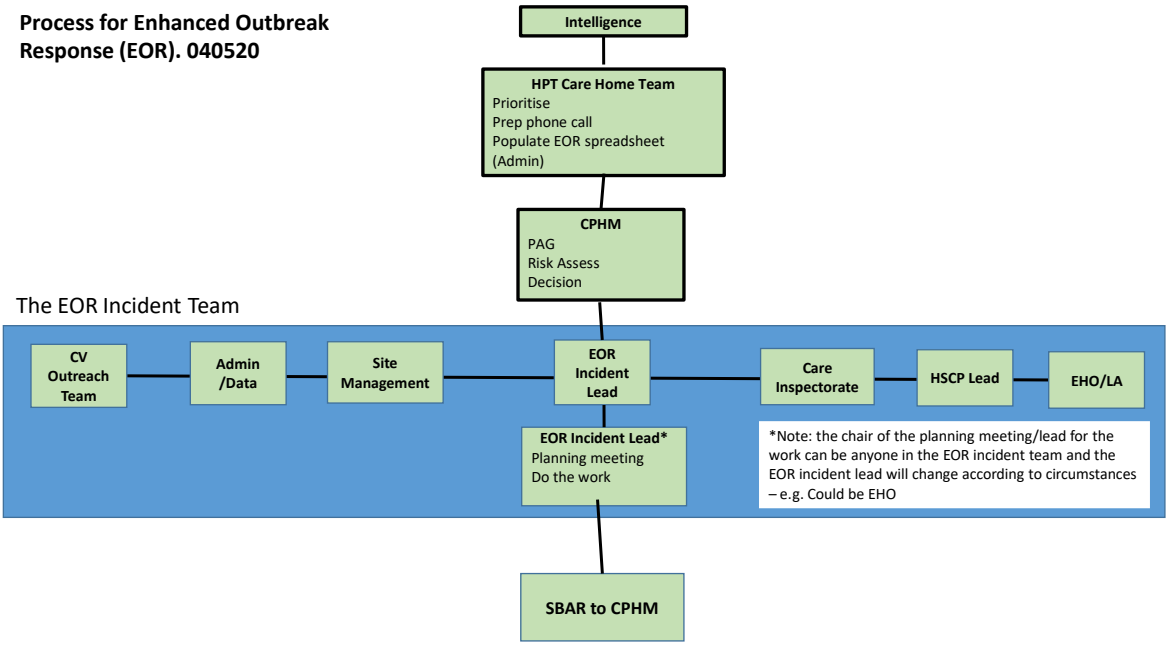


FIGURE 1: DRAFT STRUCTURE OF EOR RESPONSE (4/05/20)

Appendix 1: Current draft SOP for Enhanced Outbreak Response (5/05/20)

SOP
Enhanced Outbreak Response (EOR) in Care Homes and other closed residential settings in Lothian: Phase 1

Aim
The control of outbreaks in care homes and other shared residential settings with a single or multiple confirmed cases of COVID19 in Lothian.

Approach
- Risk assessment
- Support for an effective Infection Prevention and Control Team (IPCT) and staffing levels.
- Staff and resident testing, tracing isolation and support (TTIS)

Target Group
Phase 1 - Staff and staff (*primary household)* contacts. Includes identify, inform and advise contacts only– no actions in relation to contact tracing.
Phase 2 -Testing of residents
Phase 3 - Household contact tracing (staff and residents where indicated)

Supporting teams roles

- HSCP Command Centre – referral from Care Home/Residential Unit manager to HPT
- Health Protection Team (HPT) (Chair of Public Health Assessment Group (PAG)/Incident Management Team (IMT) – prioritisation of incidents, identification and risk assessment of settings, baseline information for PAG (staff and resident numbers, layout etc) on EOR Incident Spreadsheet, IPCT including PPE enhanced support and staffing, oversight of whole process, final sign off.
- EOR team (Lead Yvonne Kerr, Dan Clutterbuck, Arjuna (Reggie) Sivakumaran, Steff Kaye, Mark Baillie, Claire Glen, Cath Morrison (HPT link nurse) and Consultant Lead (Chair of IMT for specific incident), PLUS local EHOs as identified and HSCP Lead)
    - Identify for each incident an EOR lead, HSCP contact (*and admin lead*) for the incident and share with all involved in the management of the case. The contact, advise and inform team will be a subset of the EOR and different for each response.
    - Collect site and incident details and complete EOR Incident Spreadsheet and individual staff details on Staff to be tested spreadsheet, receive test results from Covid Testing Team (CTT), allocate Contact Tracing to team/EHOs, inform Care Home/Unit Manager/IMT Chair/HSCP team of numbers, phone staff testing positive and identify contacts, update spreadsheet, save on HPT drive, write final SBAR, inform PAG/IMT Chair.
- Occupational Health. Contact staff and arrange testing
- Covid Testing Team (CTT) (Alison Milne, Dan Clutterbuck,) – check and confirm staff to be tested spreadsheet, enter staff details on TRAK, arrange drive-through/Taxi, collation of EOR results by outbreak on staff to be tested spreadsheet and transfer to EOR team

- HSCP and Care Home management – liaise with PAG/IMT over implications e.g. staff positives

Phase 1: Staff testing and primary household contact identification and advice

1. Identification of Setting at Risk
2. Pre-PAG baseline information (layout, beds, residents, staff numbers etc) provided by HPT in their role as links to care homes
   - Setting identified through risk assessment at PAG/IMT
   - Criteria for EOR: any closed setting where a confirmed case is identified and the risk assessment indicates benefit.

3. Information gathering (Day 0)
   - Fill out on site details - beds, residents, staff, cases, number eligible for testing, testing capacity swabs from information provided by HPT on EOR Incident Spreadsheet.
   - EOR team send out the staff to be tested spreadsheet to gather full details to the care home/residential setting
   - Put patient and site data into the Excel **Staff to be tested spreadsheet**
   - Send **Staff to be tested spreadsheet** to OHenquiries@nhslothian.scot.nhs.uk (with Covid Staff Testing in the subject line), and cc in COVID Testing Team Alison.M.Milne@nhslothian.scot.nhs.uk. **Include contact details of Care Home manager for direct contact**
   - Provide manager/staff with **Q&A explaining the process and additional information**
   - **Provide staff with information sheet regarding testing – what to expect, what to do whilst waiting for result etc**
   - Include consent for testing and inform that if positive, staff will be contacted by a contact tracer

4. Resource planning (Day 1)

   - EOR team, Covid Testing Team liaise with setting to clarify details, finalise Staff to be tested spreadsheet, plan for results, plan testing capacity and Q&A
   - TRAK registration team or OH enter staff details on Trak using specific service code –'COVID19 TTI'
   - EOR team organise contact tracing team, plan for follow up contact trace – estimate 20% of staff tested will be positive

5. Swabbing (Day 3&4)
   - OH existing process for staff contact and to arrange testing
   - Drive through including agreed Taxi – this can include shared taxis for more than one staff member provided all are asymptomatic
   - *Self-swabbing TBC*

6. Results (Day 5-8)
   - Text automatically as result received in TRAK, currently: Your Covid 19 test results are positive. Please refer to NHS Inform (link) for further information for you and your household contacts.(NB: this may be modified for EOR to include informing recipient that EOR team will be in touch)
   - TRAK report download to OH by service code from first contact to result and SMS sent

- Populate line **Staff to be tested spreadsheet** with results *(currently manual, download to be developed)*
- Results to be sent to:
    - EOR coordination team – Yvonne Kerr; Steff Kaye, Arjuna Sivakumaran, Mark Baillie and Claire Glen
    - HPT Inbox
    - Link nurse in HPT (Cath Morrison)
    - Lead contact/ Link nurse in Health and Social Care (locality dependent)
    - Lead Consultant/Chair of PAG and IMT for the specific setting
- Positive list to EOR (allocated contact tracing subteam) to allocate contact tracing to tracers including EHOs, follow up positives and identify contacts.

7. Contact Information and Advice
    - Contact positive staff and give advice according to standard script
    - Information gathered on contacts and entered onto the spreadsheet (subset of the **staff to be tested spreadsheet**)
    - EHO work with subset of spreadsheet and return to EOR on completion
    - Tracing involves: (1) Reinforce self isolation advice; (2) Identify and record any shielded/socially isolating household contacts (all those with high risk health conditions) or health/care worker (high risk contact); (3) Identify and record any symptomatic contacts
    - No additional tracing or action for contacts

8. Documentation and Information Systems

    - **Staff to be tested spreadsheet** for each Outbreak held by HPT
    - Positives will be entered onto HP Zone by HPT
    - Data sharing & Governance. Existing OH structures for staff. Environmental Health access to patient data – existing data sharing agreement.

9. Consent (staff)
    - Testing in all cases is by verbal consent and is not routinely documented
    - Contact tracing for staff and residents is by consent and no attempt is made to gather information on those who decline to co-operate.

Appendix 35 Health Protection Sit Rep Report Template (May 2021)

Name of Care Home	Risk Level	size of home	HPT Notified (date)	Next PAG/IM T Date	RESIDENTS: Current number of suspected cases	RESIDENTS: Current number of confirmed cases	RESIDENTS: Cumulative number of confirmed COVID-19 cases	RESIDENTS : Number of COVID-19 related deaths	STAFF: Awaiting result	STAFF: Current number of confirmed cases	STAFF: Cumulative number of confirmed COVID-19 cases

Date of last exposure in CH	Day 14	Outbreak Confirmed (2+ linked) Suspected (1+ not linked)	Testing triage allocated	Date of next round of resident testing	Number of rounds of resident testing completed	Vaccination Date First Dose	Vaccination Date Second Dose

Council Area	Total number of Older People care homes	Outbreak Confirmed	Suspected Outbreak	Outbreak Over
Edinburgh	65			
East Lothian	18			
Midlothian	10			
West Lothian	16			
NHS Lothian	**109**			

Triage Status

Council Area	T1	T2	T3	T4	WB
Edinburgh					
East Lothian					
Midlothian					
West Lothian					
NHS Lothian					

RAG Status

Council Area	High	Medium	Low	Minimal
Edinburgh				
East Lothian				
Midlothian				
West Lothian				
NHS Lothian				

Appendix 36 Letter Confirming Care Home Testing Plan (June 2020)

Lothian NHS Board

Office of the Director of Public Health
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Telephone 0131 536 9000
www.nhslothian.scot

NHS Lothian

Ms Fiona McQueen Chief Nursing Officer
Ms Donna Bell Director of Mental Health
Directorate of Health and Social Care
Scottish Government

Date 03 06 2020
Your Ref AKM/GG

Enquiries to Gemma Gallacher
Extension 35822
Direct Line 0131 465 5822
Email:gemma.gallacher@nhslothian.scot.nhs.uk

Dear Fiona and Donna,

RE: Care Home Testing

Thank you for the opportunity to discuss our approach to testing of care home residents and staff with you yesterday afternoon. We described our strategic direction, led by the Strategic Management Group (our Gold Command), chaired by the Chief Executive. We had already implemented daily huddles with the four Health and Social Care Partnerships. Detailed intelligence about each care home is provided by the HSCP care home support teams. The huddles report locally into the Health and Social Care Partnership Covid-19 Tactical Group and the Care Home Strategic Oversight Group. This group includes representatives of the three professional directors who sit alongside the IJB Chief Officers, Care Inspectorate and Scottish Care.

1. We have set out our response to your request for additional detail about testing below. Local leadership by the four Health and Social Care Partnership directors is evident in the way that we have managed to embed rapid response and multiagency working in all four areas. Undertaking enhanced outbreak investigation in all care homes where there are cases of COVID: We undertake enhanced outbreak investigation in all care homes where there are cases of COVID - this involves testing, subject to individuals' consent, all residents and staff, whether or not they have symptoms. We were tasked by John Connaghan in his letter of April 20, with ensuring the effective use of testing. We described to you our focus on staff and resident testing for the purpose of outbreak prevention, management and control. We have prioritised:

- First cases (defined as first ever or a break of 14 days since the last case i.e. a new outbreak)
- Explosive outbreaks
- Large outbreaks
- Very complex situations (in which the priority is on safe care rather than testing)

Our single point of contact for staff to access testing, has been, from March, through our occupational health service and delivered by a testing team. We were able to assure you that we provide a seven day service and that, by the end of this week we will have tested consenting all staff and residents in homes in which there is a current outbreak as part of that Enhanced Outbreak Response workplan. In discussion, we highlighted that testing can only be undertaken with consent. We highlighted the significant Did Not Attend rate in one care home. Here 26 of 98 staff did not attend their appointment. This is disappointing; those

appointments could have gone instead to staff from another care home that were keen to be tested.

Another aspect of the Enhanced Outbreak Response is that, as positive results come through, we are also undertaking contact tracing. During lockdown this has been of household contacts but will move on to community contacts in step with Test and Protect.

2. Testing across care home groups:
Where a care home with an outbreak is part of a group or chain, and staff may still be moving between homes, we expect urgent testing to be carried out in any linked homes. We are testing the linked care homes where staff are shared. We always ask this question when organising staff testing. For example, we will be testing Gilmerton and its linked home, the brain injury unit, Gilmerton Neurological, this week. We also ask about staff working in more than one home and about agency staff. You will be aware that not all agencies are registered and that the Care Inspectorate has no locus in this, largely unregulated, area. We offer testing to all agencies and to bank staff who are providing practical support to care homes. Agency staff working in specific homes are tested as part of that staff cohort.
3. Care homes with no current cases of COVID-19
During week commencing June 8, 2020 our testing plan sees us completing staff testing in those care homes with no current cases, but where there have been previous outbreaks. The timetable to completion will depend on there being no new outbreaks but the testing team can undertake around 200 tests per day . Testing of care home residents is undertaken by specially trained care home staff. We will also support testing of residents in residential homes i.e. those with no nursing staff.
4. Care homes that have not experienced outbreaks of COVID-19
Heath and Social Care Partnership Directors are in regular dialogue with Care Home managers, and their corporate bodies. They are writing to them to ensure that care home managers and staff are clear about the offers of testing that are available and to ensure they are aware of them. All staff will be offered testing through the social care portal once it is up and running and positive results can be returned to Health Protection within the 48-72 hours within which isolation and contact tracing should take place respectively.

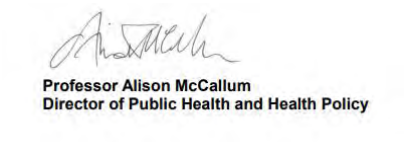
Should there be difficulties with the operation of the social care portal, our plan includes three other potential options:
a. Locally administered self testing by care home staff with NHS Lothian laboratories overseeing transfer of specimens and return of results.

b. Use of the mobile testing units, again with the requirement that positive results can be returned to Health Protection within the 48-72 hours within which isolation and contact tracing should take place respectively.

c. Re-examining the potential of the UK Government facilities at Edinburgh Airport and Lighthouse laboratories when their revised offer is available.

I hope that this additional information regarding the phases of our plan is helpful.

Kind Regards



Professor Alison McCallum
Director of Public Health and Health Policy

Appendix 37 SBAR- Care Homes Support and Testing

Situation:

Requirement from SG to provide weekly assurance of situation in care homes since 1st of May.

Background

Set up of care home support in Lothian, structure to review, daily Health and Social Care Partnerships (HSCP) huddles, daily pan Lothian operational group meeting,

HSCP care home teams to support care homes (range of support including supportive visits)

On 18th of May further guidance was issued by Scottish government to provide a template for the information that Boards should take into considerations on a daily basis when making a decision as to the situation of the care home in relation to knowledge and implementation and Infection prevention and control measure, access and appropriate use of PPE, staffing levels, as well as information in relation to the COVID situation in the care home to be take into account when making an overall assessment of the COVID Situation.

Scottish Government has outlined detailed expectation in relation to testing for COVID in relation to care homes (extending testing to all symptomatic care home residents as of 17th of April and extension to testing of asymptomatic residents and staff in care homes from 1st of May in line off.

On 18th of May, access to weekly testing for asymptomatic care home staff has also been announced as a suggestion.

Assessment

In the week commencing 20th of April, all HSCP care home support teams undertook an initial assessment of care homes in their areas. Following on from this, they have submitted weekly updates from their assessment.

There are different approaches in the 4 HSCP and these are developing over time. The weekly return is based on the assessments having been undertaken by the HSCP care home team during the previous week, building on the assessments of care homes built up since the start of the process.

The Health Protection Team (HPT) have established a care home team and follow up any care homes with an outbreak of COVID as well as supporting care homes with any concern.

Since the start of the pandemic, 68 care homes across Lothian have been supported by the Health Protection care home team with COVID cases. Currently there are 17 care homes that had the most recent case in the last 14 days.

The numbers of care homes with COVID cases is decreasing across Lothian. The majority of care homes have also had intensive support from HPT and HSCP care home teams in form of direct face to face visits and there appears to be an improvement of the assessments in relation to the weekly returns across all areas. However there are currently 7 care homes in the red category and 5 on amber overall out of the 110 older people care homes across Lothian.

A lot of support from all partners is involved in supporting care homes with any concerns.

The main reasons for care homes struggling is relating to staffing issues. There are also still concerns identified in relation to implementation of infection prevention and control measures in the care homes, including correct use of PPE and implementing social distancing in care homes.

Access to PPE was a major concern at the beginning of the outbreak, however this has improved significantly. Isolated issues in relation to access to PPE occur, but tend to be addressed quickly through the Partnership.

The weekly returns also identify a range of examples of good practice. Many of the examples highlight the strong Partnership working and positive working relationships that have been established with care homes, as well as novel ways of working and use of digital technologies.

A trend that is now developing is residents testing positive for COVID in care homes that have not had a positive case for 14 or more days. Thus there is a risk of a potential second wave of outbreaks in care homes.

As part of the Enhanced Outbreak Response, testing of all staff and / or residents has been discussed as part of incident management team (IMT) meeting in response to specific care homes in Lothian since 27th of April. The testing is undertaken through the community outreach testing team, and all positive cases are contacted and followed up by the Enhanced Outbreak Response (EOR) team. There is also coordination with HSCP to ensure staff are available to work in care homes as replacement staff, should members of staff be identified as positive and having to self isolate.

Since this time, HPT have organised IMTs for 28 care homes across Lothian. Of these, all staff testing has been advised and undertaken in 19, with a further 5 where staff testing is in progress and 5 planned to start tested over the next 2-3 days. Thus, currently 1213 care home staff have been tested to date, with 92 (8%) retuning positive results. Nearly total follow up of positive cases has been achieved by EOR team through phone calls, with 90 individuals (97.8) contacted and followed up. The EOR team have also undertaken testing in 3 other closed setting experiencing outbreaks, such as prisons and a young person's unit. In these setting 342 total staff were tested, with 3 (1%) returning positive results. All 3 individuals testing positive were followed up and contacted by the EOR team.

Summary Data		
Care Homes	No. Care homes where all staff tested	22
	Total No. of Care home staff tested	1213
	No. Positive results	92
	% Positive results	8%
	Total No. staff contacted and followed up by EOR team	**90**
Other closed settings	No. other closed settings where all staff tested	3
	Total No. of closed setting staff tested	342
	No. Positive results	3
	% Positive results	1%
	Total No. staff contacted and followed up by EOR team	3

Care homes identifiers where staff testing completed	No. of staff	No. tested	No. of positives	% positive	No. of negatives	No. of tests declined by labs	No. of staff not tested e.g DNA/uncontactable	Date of testing
A	95	85	10	12%	75	0	10	3rd May
B	96	68	19	28%	49	0	28	6th May
C	114	91	2	2%	89	0	23	8th May
D	168	70	13	19%	57	0	98	15/18/20/23 May
E	50	37	0	0%	35	2	13	21st/23rd May
F	47	32	16	50%	16	0	15	11th May
G	21	9	2	22%	5	2	12	20th May
H	114	73	11	15%	62	0	41	20th May
I	78	54	1	2%	53	0	24	21st/25th May
J	98	68	2	3%	66	0	30	24th/26th May
K	100	80	6	8%	72	2	20	20/22 May
L	54	46	1	2%	44	1	8	16th/18th May
M	169	149	0	0%	147	2	20	19th/ 21st May
N	99	69	1	1%	68	0	30	23rd May
O	47	37	3	8%	33	1	10	2nd June
P	64	62	0	0%	62	0	2	22/24/25 May
Q	125	83	3	4%	78	2	42	25th/26th May
R	87	37	1	3%	36	0	50	20th - 26th May
S	83	63	1	2%	62	0	20	25th/ 27th May
Total (N=19)	**1709**	**1213**	**92**	**8%**	**1109**	**12**	**496**	

Closed setting identifer where staff testing completed	No. of staff	No. tested	No. of positives	% positive	No. of negatives	No. of tests declined by labs	No. of staff not tested e.g DNA/uncontactable	Date of testing
A	363	315	3	1%	303	9	48	14th May
B	11	9	0	0%	9	0	2	10th May
C	18	18	0	0%	18	0	0	30th April
Total (N=3)	**392**	**342**	**3**	**1%**	**330**	**9**	**50**	

Recommendation:

As a continued measure to control and prevent outbreaks of Covid-19 and limit transmission, testing of care home staff and residents will continue to be expanded over the next week. This will include all care homes with one or more positive Covid-19 resident, and a review of care homes for testing who have had outbreaks in the recent past (>14 days ago) without a current positive resident. All positive cases will continue to be followed up by either the enhanced outbreak response team or test and protect team. Further processes will also be investigated to allow the necessary provisions to be developed for weekly staff testing of care homes.

Frederike Garbe

4 June 2020

Appendix 38 SBAR Testing for Covid-19 in Care Homes

Situation

Due to an increased number of Care Home (CH) staff and residents testing positive for Covid- 19 there is an increased demand for 'Whole Home Testing' (WHT) to be carried out. WHT requires both the staff and residents to be tested for Covid-19 weekly through NHS testing for at least two weeks, longer if onward transmission is identified. The Covid Testing Service – Outbreak Testing Team (OTT) undertakes these tests however currently they do not have the capacity to meet all the demands for WHT. Work is ongoing to increase the resources in the OTT.

The recent increased demand for WHT has necessitated the development of a CH priority testing protocol (Appendix 1) and recommendations on alternative ways to test staff and residents (Appendix 2).

Background

In Lothian there are 109 Care Homes (CHs) for Older People. The CHs in Lothian range from 10 residents to 120 residents and from 22 staff to 175 staff.
Current testing arrangements are:

Staff testing arrangements

- In Edinburgh HSCP and West Lothian HSCP CH staff testing is undertaken via the Scottish Government testing portal for CHs.
- In September 2020 East Lothian HSCP and Midlothian HSCP CH staff testing was moved to NHS Lothian testing. This decision was made due to increased demand on the Lighthouse Testing Laboratories.
- There is work ongoing to move all Lothian CH staff testing to NHS Lothian testing.

Resident testing arrangements

- When a CH resident becomes symptomatic for Covid-19 or 'off baseline' a Covid-19 test is required. Since early September the resident testing arrangements identified in table 1 have been in place.

Situation	Responsibility for Testing
Pre-admission from community setting	Care Home or escalated to HSCP and test undertaken by Care Home Support Team
Outbreak	Outbreak Testing Team (Public Health) for a minimum of a 2 week period
Clinical assessment of individual resident showing symptoms	The individual making the assessment e.g. GP, DN, Hospital at Home, Care Home Team, LUCS* * All staff, whichever service they are part of should have their own supply of test kits.

Table 1 - Resident testing arrangements for Covid-19 in NHS Lothian

Outbreak testing

- When a resident or staff member in a CH tests positive through the portal testing a confirmatory NHS test is arranged unless the staff member is symptomatic then this is taken as a true positive. This then triggers WHT.
- The OTT provides a 7 day service, Monday to Friday 8am to 6pm and Saturday & Sunday 8am to 4pm. There are currently 2 OTT teams working each day and the plan is to double this to 4 teams working each day to meet demand.
- The staff establishment of the OTT depleted in June 2020 as staff seconded through mutual aid returned to their substantive posts. The demand on the OTT

service was reduced over the summer due to the decreased prevalence of Covid-19. In September it became evident that there was insufficient capacity in the OTT to meet the demands for WHT. A number of actions were taken at this time:

- Services were asked if they could release staff that had already supported the OTT. This provided some limited additional staffing resource
- A targeted recruitment drive for Bank Staff which was successful with additional staff. These staff are being inducted and trained and will be available in the coming weeks
- Recruitment to permanent staff for the OTT which is ongoing with anticipated start dates in December.
- A review with the OTT and Public Health regarding the prioritisation of CHs for outbreak testing. A triage system was agreed and is currently in place.

Assessment

- Current OTT capacity does not meet the demand for outreach testing. A number of actions have been taken to increase capacity and these are progressing.
- Currently the Health Protection Team is prioritising WHT using the triage approach articulated in appendix 1. The testing triage allocated to a care home is clearly identified in the CH Sit Rep produced daily by Public Health.
- The Care Home Review (SG October 2020) identified:
  - Urgent action should be taken to ensure parity of access to testing and speed of response for care home and wider NHS and agency staff deployed there.
  - Urgent action to ensure suspected outbreaks in care homes result in all staff and residents being quickly tested and there are no delays to total turnaround time from sample being taken, to results being reported back.
- Monday to Friday, on the CH operational huddle testing priorities are discussed and agreed. We are currently using a flexible model considering capacity and priorities for WHT.
- At the huddle decisions are prioritised and agreed for:
  - OTT team to test
  - Care Home Support Teams to test
  - CHs themselves to test if there are Registered Nurses that are trained and competent to test and the CH is amenable to this. Some CHs have requested this to reduce footfall
- Currently if there is not a Registered Nurse in the CH the Care Staff will not undertake a swab citing:
  - Insurance
  - Liability
  - Lack of training
  - Not being competent

  This is being explored further to consider what steps need to be taken to enable Care Staff to undertake Covid-19 testing.
- The current flexible approach has evidenced a number of benefits resulting in timely WHT. There have also been some challenges with logistics e.g. test kits, labels and test transportation however these have always been resolved through collaborative working with the relevant members of the CH operational huddle.
- WHT was implemented prior to weekly CH staff testing being introduced. We are currently exploring if staff testing could continue through the existing weekly arrangements which would result in the OTT only being required to test residents.

Recommendation

It is recommended that the Care Home Strategic Oversight Group

- Acknowledge the current challenges with WHT and the actions that are being undertaken to mitigate associated risks.

- Agree that the current flexible arrangements with the OTT, CHST and Care Homes utilising the prioritisation process (Appendix 1) and alternative ways to test (Appendix 2) is currently the most effective model for timely Covid-19 testing until the capacity of the OTT is maximised in the coming weeks.

Maggie Byers-Smith
Lead Nurse, Quality Improvement and Standards in Care Homes
6th November 2020

Appendix 1 – Prioritisation process Outbreak testing by HPT and OTT

Prioritisation process Outbreak testing by Outreach Testing Team
(applicable to Care homes + other outbreaks e.g. prisons, homeless accommodation, care at home services, learning difficulty units, YPUs)

Triage 1: New outbreak
Aim: to be tested by COT team within 24hrs of receiving staff/resident lists

Primary Factors
• 1 or more resident positive High number of residents who walk with purpose/unable to adhere to self isolation • 2 or more staff positive (especially if symptomatic) • History of IPC/PPE issues e.g. raised by care inspectorate • Bigger setting

Triage 2: New outbreak
Aim: to be tested by COT team within 48hrs of receiving staff/resident lists

Primary Factors
• Only 1 staff positive (particularly if asymptomatic) Likely external source of transmission explaining staff member positive • YPU or Learning disability unit where general age <50 • Low number of residents who walk with purpose/residents able to self isolate well • No previous concerns of IPC/PPE issues e.g. raised by care inspectorate • Smaller setting • Good control measures in place

Triage 3: Existing outbreak where first round of testing completed
Aim: to be tested by COT team within 7-8 days from last round of testing

Primary Factors
• Only one round of testing completed • One or more residents tested positive after first round of testing • 2 or more staff tested positive after first round of testing

Triage 4: Existing outbreak where first round of testing completed
Aim: to be tested by COT team within 8-9 days of last round of testing

Primary Factors
• 2-3 rounds of testing already completed (but known to have ongoing transmission) • All staff/residents negative after first round of testing • Only one staff member and no residents tested positive after first round of testing

Appendix 2: Proposals for change to the current staff and resident testing for routine and outbreak situations – REVISED following Discussion at CHOG 091120

1. Things under development – NHS lab capacity to test all staff and residents in West and Edinburgh (as per Mid and East) in the next 4 weeks; increase of Outreach Testing Team slots from 14 per week to 28; the establishment of a Regional Testing hub at Lauriston. The work proposed below need to coordinate with these developments.
2. It was agreed in principle to move West and Edinburgh to the testing system in East and Mid. This will require time, logistics and system support (labels, kits etc).
3. In the interim testing of staff and residents will move in the direction of more sampling by Care Home staff, and more use of existing Lighthouse systems for sample and test, as set out in the table below.
4. Interim arrangements (and medium term transition to all NHS testing for staff and residents) will include support for label printing from HSCPs and the Outreach Testing Team.
5. Care Homes staff need reassurance that the Lighthouse system is as valid as the NHS. Here are some suggested bullets.
    a. There has been no difference found in the quality of sample between self sampling, Care Home staff sampling colleagues/residents, and NHS staff sampling colleagues/residents
    b. The test at NHS and the Lighthouse both have high sensitivity (few false negatives) and specificity (few false positives). They are equally valid tests.
    c. The Lighthouse can return higher ‘inconculsive’ results. This is due to a combination of labelling errors and transport/damages issues, and because the NHS lab can do multiple checks to clarify inconclusive results that the Lighthouse lab cannot.
    d. The Lighthouse can return higher false positives when the prevalence of infection is low and because the Lighthouse processes a vast number of tests. However the Lighthouse does not return higher numbers of false negatives –this is very reassuring because it means that this tests is as valid as the NHS test to ensure people do not go to work after a negative test.

Table of proposed changes

LA	Current	Short term change	Medium Term Change
East	**Staff -** Routine and outbreak : NHS kit, Care Home take sample, NHS test. **Residents –** NHS kit/sample/test by outreach testing team. (Some places NHS kit, care home sample, NHS test) **Lighthouse retest of asymptomatic staff positives** - NA	**Staff -** Continue testing in same way **Residents –** if RCN in the home and agree, then Care Home sample using NHS Kit and Test.	None
Mid	As above	As above	None
West	**Staff –** Routine: Lighthouse kit, Care Home take sample, Lighthouse Test. Rolling programme or all at once weekly. Outbreak: NHS kit, sample and test by outreach testing team. (Some places NHS kit, care home sample, NHS test) **Lighthouse retest of asymptomatic staff positives** – done by NHS and causes delay of days **Residents –** NHS kit/sample/test by outreach testing team.	**Staff –** Routine: Continue current. Outbreak: Take same approach as current approach for routine testing (ie.e. CH take samples for Lighthouse testing). **NHS retest of asymptomatic staff Lighthouse positive** – do not retest given high prevalence of positives at present in WL. Keep prevalence under review **Residents –** NHS kit/sample/test by Care Home staff where RCN and agreement.	Consider move to staff routine and outbreaks testing as for East and Mid
Edinburgh	As above	As above for staff and residents **NHS retest of asymptomatic staff Lighthouse positive** – Keep prevalence under review and change current approach (re test) as required	Consider move to staff routine and outbreaks testing as for East and Mid

Notes:
Short term changes– less resident and staff testing by the outreach testing team (because transferred to either routine systems or care homes doing the *sampling) will reduce pressure on the outreach team, but also need to be aware of pressure on care home teams and the need for more organisation of* more NHS kits and labels by outreach team/ELCHT

NHS retest of asymptomatic staff Lighthouse positive – no retest will enable faster action taken where prevalence is high (which means a lower false positive rate). This is the case in WL now. Epidemiological analysis of false positive rate and turnaround time across Lothian will enable decisions on the need to retest to be made as prevalence and systems change.
Test results – where care homes are using lighthouse for outbreak testing they will need to communicate results to the Health Protection Team for action.

Appendix 39 Contact Tracing confirmed cases of Covid-19 in care home staff

SBAR for Care Home Strategic Group
Contact Tracing confirmed cases of Covid-19 in care home staff
11 June 2020

Situation	**Test and Protect'** (TaP) has been launched in Scotland as a major public health strategy to minimise spread of COVID-19 as lockdown restrictions are lifted. The TaP process involves tracing people who have been in close contact with someone who has confirmed COVID-19 and asking them to self-isolate to stop further transmission of the virus. A close contact is someone who has been physically close enough to the confirmed case for a long enough period of time that they may have had the virus transmitted to them. This includes household, community and work contacts, and is defined from 48 hours before symptom onset until 7 days after. This programme of tracing close contacts of cases will apply to all those who work in care homes. Where adequate PPE has been worn the risk is low and no further action is likely to be required. Where adequate PPE has not been worn and there is not sufficient social distancing eg lunch breaks or out of work, the contact will have to stay at home and self isolate for 14 days. The implication of this is that staff who test positive (and who themselves will be off work for 7 days), if they have had a close contact within the care home setting those staff will also have to go off work, for 14 days. The change to this approach for staff contact exclusion has implications for staffing, business continuity and patient safety across social care.
Background	**Staff Testing** Since 23 April, 2571 care home staff have been tested via occupational health; 10% were found to be positive. Mass asymptomatic testing has been completed in 22 care homes: 996 asymptomatic staff been tested with 104 positive. In most care homes only 1 or 2 staff are positive. The results are skewed by a few homes with higher rates – 10%, 30% and 50% - homes in the midst of large outbreaks. A salient finding from enhanced outbreak response team is that approx 60% of positive actually do have symptoms of some sort. **Guidance** Revised Scottish care home guidance and contact tracing guidance are awaited. The latest UK guidance on staff from PHE (2 June 2020) states:- 4.3 If staff have been notified that they are a contact of a confirmed case in the community.

	Staff who have been notified through the NHS test and trace or other national (Northern Ireland, Scotland or Wales) contact tracing service that they are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or their place of work) they should inform their line manager and self-isolate for 14 days, in line with the NHS test and trace guidance. This advice should be followed regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections. 4.4 If staff have been notified that they are a contact of a co-worker who is a confirmed case. If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, the 14-day isolation period also applies (as in section 4.3 above). https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings Staff contacts of confirmed cases of COVID-19 are at risk of developing the infection and of working whilst potentially infectious (presymptomatic/asymptomatic infectiousness). Excluding them from work for 14 days is a key control measure for our local COVID-19 outbreak.
Assessment	Exclusion of staff contacts at high risk of developing COVID and continuing to propagate COVID-19 infection in health care settings is an important control measure for our local COVID-19 outbreak. Confirmed COVID-19 social care staff will be asked about their staff and patient contacts in their workplace as part of Test and Protect. A failure of or breach to PPE will need to be risk assessed and significant unprotected contact with a patient identified. If recommended PPE is being worn then the patient will not be categorised as an exposed contact. Work colleagues sharing the same social spaces, vehicles, changing rooms etc where PPE has not been worn may be categorised as contacts of the staff confirmed case. Where business continuity allows these staff contacts will be asked to remain off work for 14 days from their exposure date. When large numbers of staff contacts in one area or speciality are identified the care home and HSCP would be required to invoke business continuity arrangements. An IMT may be required. Staff testing in care homes as part of outbreak management is undertaken in a planned manner. However there will be new testing

	routes and the number of staff testing positive could suddenly increase with consequent sudden impacts of multiple care homes staffing.
Recommendation	1. HSCPs and Care homes must be alert to this development and its implications. HPT will write with an update on the need for social distancing in and out of the workplace. Care homes must ensure maximum possible adherence to social distancing at all times. 2. Care homes and HSCPs must continue to promote the message that staff with any relevant symptoms must not attend work. Staff must be made aware of availability of financial compensation if they do not attend work for possible Covid reasons. 3. Care homes and HSCPs must factor in adequate staffing and backfill, in planning when they test their staff especially if it is via the portal route. 4. HSCPs should ensure they have a log and timetable of all staff testing in care homes, regardless of the route

Lorna Willocks, Janet Stevenson

Appendix 40 Revised Lothian Care homes Testing Process for outbreaks – operational from 20/11/20

N.B. This process will change once the NHS portal becomes operational

Following on from previous discussions in relation to the capacity in the testing team, and concerns over delays in care home testing in outbreak situations, the below tables outline the revised care home testing process for outbreaks. This has been discussed and agreed with Virology (Kate Templeton), Alastair Leckie (OH Consultant responsible for the outreach testing team), Alison Downie (outreach testing team manager), and the 4 chief officers/nurses in each LA (Allister Short, Alison MacDonald, Jacqui Macrae, Morag Barrow). The aim being to free up testing capacity in the outreach testing team and ensure prompt testing of staff and residents.

To summarise main changes:

- Staff testing in outbreaks in West and Edinburgh will now be done via usual lighthouse testing (instead of NHS outreach testing team)
- Resident testing in outbreaks will be done by the outreach testing team OR the care home themselves where able to do so (outreach testing team will still supply and co-ordinate NHS labels and kits)
- If HSCP care home teams are doing resident testing, they are asked to use labels printed by the outreach testing team, unless they are trained in the right label booking process (only East may do this in the future). HSCP care home teams are asked to avoid testing residents using other labels (e.g GP labels) as result management becomes difficult.

Asymptomatic Light house positives:

- If background prevalence is >100/100 000, then treat as 'true' positives and do not routinely retest via NHS. However, if there is a risk of significant impact or implications of this on the care home, (e.g. on staffing or visiting), without other evidence to suggest infection/ transmission in the care home, then an NHS retest could be considered on a case by case basis.
- If background prevalence is <100/100 000, then arrange NHS retest, and advise immediate isolation of case with household in the meantime. Await further definitive actions (e.g. full contact tracing) until NHS retest result is returned (as per current process). This is due to higher risk of false positive. NHS retest performed via WGH drive through and OH enquiries
- If there is an established outbreak in a care home, but the background prevalence is <100/ 100 000 (for example in Edinburgh currently), then treat as 'true' positive and do not retest via NHS. This is because the prevalence in the care home will be >100/100 000 if there is an established outbreak, and therefore there will be a low risk of false positives.

Edinburgh

	Staff	Residents
Regular testing route	Care portal/Lighthouse	N/A
Outbreak testing route	Care portal/Lighthouse	NHS
Supply of Kits via:	Care portal/Lighthouse	Outreach testing team
Labels printed and supplied by:	Care home via Care portal/Lighthouse	Outreach testing team admin
Swabbing carried out by:	By care home	1. Care home (if happy/able to do so) OR 2. Outreach testing team OR 3. HSCP care home team on some occasions when able and needed N.B. If swabbing done by care home or HSCP care home team, outreach testing team will print labels and co-ordinate delivery and pick up of kits.
Results process	Given directly to care home by lighthouse. Positives need to be communicated immediately by care home to HPT	Will come directly to HPT. Care home managers will receive results automatically if have nhs.net or gov.uk email. Otherwise HPT will communicate results to care home
Management of asymptomatic lighthouse positives	Advise immediate isolation with household, and arrange retest via NHS. Await further definitive actions (e.g. full contact tracing) until NHS retest result is returned. This is due to background prevalence <100/100 000 + higher risk of false positive. NHS retest performed via WGH drive through and OH enquiries. Review if prevalence rises above 100/100 000, in which case treat lighthouse positive as 'true' positive and do not retest.	N/A

West Lothian

	Staff	Residents
Regular testing route	Care portal/Lighthouse	N/A
Outbreak testing route	Care portal/Lighthouse	NHS
Supply of Kits via:	Care portal/Lighthouse	Outreach testing team
Labels printed and supplied by:	Care home via Care portal/Lighthouse	Outreach testing team admin
Swabbing carried out by:	By care home	1. Care home (if happy/able to do so) OR 2. Outreach testing team OR 3. HSCP care home team on some occasions when able and needed N.B. If swabbing done by care home or HSCP care home team, outreach testing team will print labels and co-ordinate delivery and pick up of kits.
Results process	Given directly to care home by lighthouse. Positives need to be communicated immediately by care home to HPT	Will come directly to HPT. Care home managers will receive results automatically if have nhs.net or gov.uk email. Otherwise HPT will communicate results to care home
Management of asymptomatic lighthouse positives	Treat as 'true' positives without need for NHS retest given background prevalence at present >100/100 000. However, if risk of significant impact or implications of this, (e.g. on staffing), without other evidence to suggest infection/ transmission in the care home, then an NHS retest could be considered on a case by case basis. Review if prevalence falls below 100/100 000 (due to higher risk of false positives), in which case advise immediate isolation with household, and arrange retest via NHS. Await further definitive actions (e.g. full contact tracing) until NHS retest result is returned.	N/A

East Lothian

	Staff	Residents
Regular testing route	NHS via HSCP	N/A
Outbreak testing route	NHS via HSCP	NHS
Supply of Kits via:	HSCP	Outreach testing team
Labels printed and supplied by:	HSCP	Outreach testing team admin
Swabbing carried out by:	Care home	1. Care home (if happy/able to do so) OR 2. Outreach testing team OR 3. HSCP care home team on some occasions when able and needed N.B. If swabbing done by care home or HSCP care home team, outreach testing team will print labels and co-ordinate delivery and pick up of kits*
Results process	Given directly to HSCP. HSCP communicates results to care home. Positives also fed automatically to HPT.	Will come directly to HPT. Care home managers will receive results automatically if have nhs.net or gov.uk email. Otherwise HPT will communicate results to care home
Management of asymptomatic lighthouse positives	N/A	N/A

***N.B** On some occasions the East Lothian HSCP care home team may be able to print the labels, supply the kits** and undertake the swabbing for resident testing themselves; or the HSCP care home team may be able to print the labels and supply the kits to the care home who may undertake the resident testing. If this is done, the HSCP care home team will be taught the same process for printing labels as the outreach testing team so that results still come directly to HPT. GP surgery labels or labels printed using a similar process to the NHS staff testing labelling process should **not** be used where possible.

**If test kits intended for staff NHS testing are used by the care home or HSCP care home team to test residents, then Donald Boyd (Donald.boyd@nhslothian.scot.nhs.uk) should be alerted to ensure sufficient stocks are supplied and replenished.

Midlothian

	Staff	Residents
Regular testing route	NHS via HSCP	N/A
Outbreak testing route	NHS via HSCP	NHS
Supply of Kits via:	HSCP	Outreach testing team
Labels printed and supplied by:	HSCP	Outreach testing team admin
Swabbing carried out by:	By care home	1. Care home (if happy/able to do so) OR 2. Outreach testing team N.B. If swabbing done by care home, outreach testing team will print labels and co-ordinate delivery and pick up of kits.
Results process	Given directly to HSCP. HSCP communicates results to care home. Positives also fed automatically to HPT.	Will come directly to HPT. Care home managers will receive results automatically if have nhs.net or gov.uk email. Otherwise HPT will communicate results to care home
Management of asymptomatic lighthouse positives	N/A	N/A

Arjuna Sivakumaran, Health Protection Team

20 November 2020

Appendix 41 FAQs for Care Homes on PCR and Lateral Flow Testing

FAQs for Care Homes on PCR and Lateral Flow Testing

1. **Testing within 90 days of a previous positive test result**

   - Care homes - All HSCPs to communicate to care homes to NOT retest (PCR or lateral flow test) with 90 days of a previous positive result in asymptomatic staff or residents
   - Default position of any positive test (PCR or lateral flow) is to isolate and contact trace. For a lateral flow positive test, confirmatory PCR is required. If It is PCR positive - no retesting is permitted by guidance.
   - In exceptional circumstances, when an Inadvertent retest has been done within 90 days of a previous positive result, this can be escalated to HPT to do a risk assessment if person is asymptomatic. HPT could risk assess, justify and document that re-isolation is not required. However, care homes cannot decide themselves to disregard a positive within 90 days of a previous positive result - it should come to HPT for risk assessment.
   - Symptomatic individual (staff or resident) – please test by PCR only (not lateral flow). Care Homes to note that Lateral Flow test should not be used to test symptomatic residents or staff.

2. **7-day consecutive Lateral Flow testing for Care Home workers in event of an outbreak**

   - Donna Bell letter (24 Dec 2020) advice to be followed which is given below. Care homes to follow usual supply chain routes to get additional lateral flow testing kits.

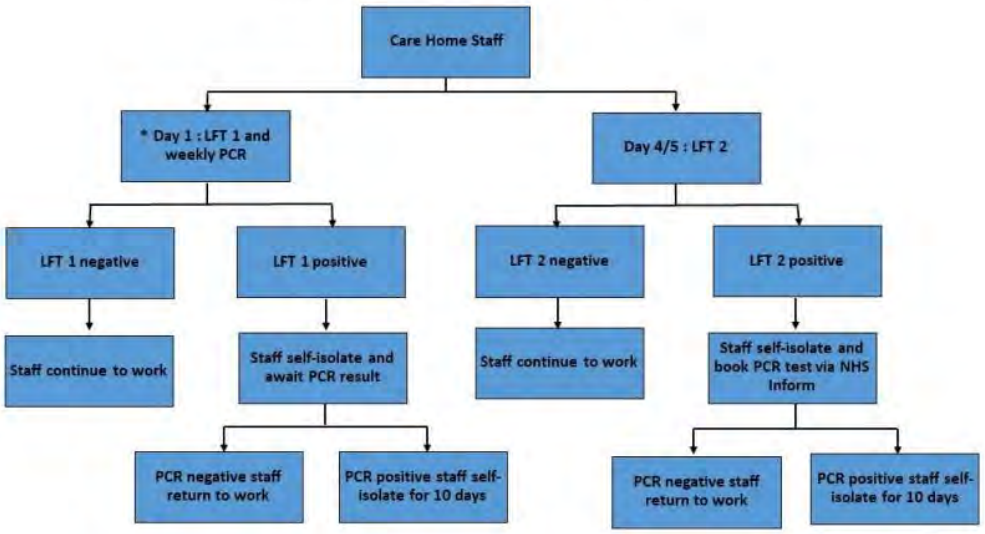
     Care Home Staff who initially test negative will continue to be tested daily, for 7 consecutive days, after the identification of a single case of COVID within a home. In addition, all previously negative residents should be tested on day 4/5 with PCR.

Dr Saurabh Gupta

Interim Public Health Consultant

14 January 2021

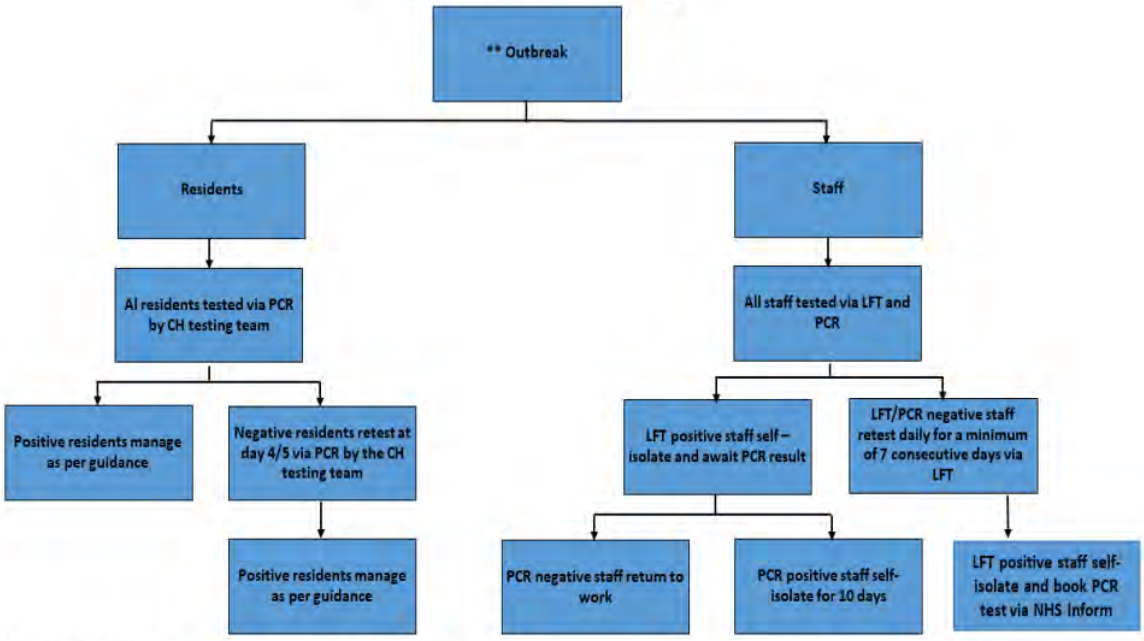
Care Home Staff Testing – all Care Homes



- All LFTs recorded on NHS Scotland Testing and Registration System by staff member. Positive results will flow into the Test and Protect system to initiate contact tracing. A confirmatory PCR test is required. Further information is available at https://www.gov.scot/publications/coronavirus-covid-19-adult-care-home-visitor-testing-guidance/

Made by Ashley Goodfellow, Consultant in Public Health , NHS Lanarkshire

Care Home Outbreak Testing



** Outbreak testing triggered by single positive LFT in resident or staff member.

All LFTs recorded on NHS Scotland Testing and Registration System by staff member. Positive results will flow into the Test and Protect system to initiate contact tracing. A confirmatory PCR test is required. Further information is available at https://www.gov.scot/publications/coronavirus-covid-19-adult-care-home-visitor-testing-guidance/

Made by Ashley Goodfellow, Consultant in Public Health , NHS Lanarkshire

Appendix 42 Testing for Covid in Care Homes

SBAR – Lothian Care Homes

Testing for Covid-19 in Care homes

Situation

Due to an increased number of Care Home (CH) staff and residents testing positive for Covid- 19 there is an increased demand for 'Whole Home Testing' (WHT) to be carried out. WHT requires both the staff and residents to be tested for Covid-19 weekly through NHS testing for at least two weeks, longer if onward transmission is identified. The Covid Testing Service – Outbreak Testing Team (OTT) undertakes these tests however currently they do not have the capacity to meet all the demands for WHT. Work is ongoing to increase the resources in the OTT.

The recent increased demand for WHT has necessitated the development of a CH priority testing protocol (Appendix 1) and recommendations on alternative ways to test staff and residents (Appendix 2).

Background

In Lothian there are 109 Care Homes (CHs) for Older People. The CHs in Lothian range from 10 residents to 120 residents and from 22 staff to 175 staff.
Current testing arrangements are:

Staff testing arrangements

- In Edinburgh HSCP and West Lothian HSCP CH staff testing is undertaken via the Scottish Government testing portal for CHs.
- In September 2020 East Lothian HSCP and Midlothian HSCP CH staff testing was moved to NHS Lothian testing. This decision was made due to increased demand on the Lighthouse Testing Laboratories.
- There is work ongoing to move all Lothian CH staff testing to NHS Lothian testing.

Resident testing arrangements

- When a CH resident becomes symptomatic for Covid-19 or 'off baseline' a Covid-19 test is required. Since early September the resident testing arrangements identified in table 1 have been in place.

Situation	Responsibility for Testing
Pre-admission from community setting	Care Home or escalated to HSCP and test undertaken by Care Home Support Team
Outbreak	Outbreak Testing Team (Public Health) for a minimum of a 2 week period
Clinical assessment of individual resident showing symptoms	The individual making the assessment e.g. GP, DN, Hospital at Home, Care Home Team, LUCS* * All staff, whichever service they are part of should have their own supply of test kits.

Table 1 - Resident testing arrangements for Covid-19 in NHS Lothian

Outbreak testing

- When a resident or staff member in a CH tests positive through the portal testing a confirmatory NHS test is arranged unless the staff member is symptomatic then this is taken as a true positive. This then triggers WHT.

- The OTT provides a 7 day service, Monday to Friday 8am to 6pm and Saturday & Sunday 8am to 4pm. There are currently 2 OTT teams working each day and the plan is to double this to 4 teams working each day to meet demand.
- The staff establishment of the OTT depleted in June 2020 as staff seconded through mutual aid returned to their substantive posts. The demand on the OTT service was reduced over the summer due to the decreased prevalence of Covid-19. In September it became evident that there was insufficient capacity in the OTT to meet the demands for WHT. A number of actions were taken at this time:
  - Services were asked if they could release staff that had already supported the OTT. This provided some limited additional staffing resource
  - A targeted recruitment drive for Bank Staff which was successful with additional staff. These staff are being inducted and trained and will be available in the coming weeks
  - Recruitment to permanent staff for the OTT which is ongoing with anticipated start dates in December.
  - A review with the OTT and Public Health regarding the prioritisation of CHs for outbreak testing. A triage system was agreed and is currently in place.

Assessment

- Current OTT capacity does not meet the demand for outreach testing. A number of actions have been taken to increase capacity and these are progressing.
- Currently the Health Protection Team is prioritising WHT using the triage approach articulated in appendix 1. The testing triage allocated to a care home is clearly identified in the CH Sit Rep produced daily by Public Health.
- The Care Home Review (SG October 2020) identified:
  - Urgent action should be taken to ensure parity of access to testing and speed of response for care home and wider NHS and agency staff deployed there.
  - Urgent action to ensure suspected outbreaks in care homes result in all staff and residents being quickly tested and there are no delays to total turnaround time from sample being taken, to results being reported back.
- Monday to Friday, on the CH operational huddle testing priorities are discussed and agreed. We are currently using a flexible model considering capacity and priorities for WHT.
- At the huddle decisions are prioritised and agreed for:
  - OTT team to test
  - Care Home Support Teams to test
  - CHs themselves to test if there are Registered Nurses that are trained and competent to test and the CH is amenable to this. Some CHs have requested this to reduce footfall
- Currently if there is not a Registered Nurse in the CH the Care Staff will not undertake a swab citing:
  - Insurance
  - Liability
  - Lack of training
  - Not being competent

  This is being explored further to consider what steps need to be taken to enable Care Staff to undertake Covid-19 testing.
- The current flexible approach has evidenced a number of benefits resulting in timely WHT. There have also been some challenges with logistics e.g. test kits, labels and test transportation however these have always been resolved through collaborative working with the relevant members of the CH operational huddle.
- WHT was implemented prior to weekly CH staff testing being introduced. We are currently exploring if staff testing could continue through the existing weekly arrangements which would result in the OTT only being required to test residents.

Recommendation
It is recommended that the Care Home Strategic Oversight Group ▪ Acknowledge the current challenges with WHT and the actions that are being undertaken to mitigate associated risks. ▪ Agree that the current flexible arrangements with the OTT, CHST and Care Homes utilising the prioritisation process (Appendix 1) and alternative ways to test (Appendix 2) is currently the most effective model for timely Covid-19 testing until the capacity of the OTT is maximised in the coming weeks.

Maggie Byers-Smith
Lead Nurse, Quality Improvement and Standards in Care Homes
6th November 2020

Appendix 1 – Prioritisation process Outbreak testing by HPT and OTT

Prioritisation process Outbreak testing by Outreach Testing Team
(applicable to Care homes + other outbreaks e.g. prisons, homeless accommodation, care at home services, learning difficulty units, YPUs)

Triage 1: New outbreak
Aim: to be tested by COT team within 24hrs of receiving staff/resident lists

Primary Factors
• 1 or more resident positive High number of residents who walk with purpose/unable to adhere to self isolation • 2 or more staff positive (especially if symptomatic) • History of IPC/PPE issues e.g. raised by care inspectorate • Bigger setting

Triage 2: New outbreak
Aim: to be tested by COT team within 48hrs of receiving staff/resident lists

Primary Factors
• Only 1 staff positive (particularly if asymptomatic) Likely external source of transmission explaining staff member positive • YPU or Learning disability unit where general age <50 • Low number of residents who walk with purpose/residents able to self isolate well • No previous concerns of IPC/PPE issues e.g. raised by care inspectorate • Smaller setting • Good control measures in place

Triage 3: Existing outbreak where first round of testing completed
Aim: to be tested by COT team within 7-8 days from last round of testing

Primary Factors
• Only one round of testing completed • One or more residents tested positive after first round of testing • 2 or more staff tested positive after first round of testing

Triage 4: Existing outbreak where first round of testing completed
Aim: to be tested by COT team within 8-9 days of last round of testing

Primary Factors
• 2-3 rounds of testing already completed (but known to have ongoing transmission) • All staff/residents negative after first round of testing • Only one staff member and no residents tested positive after first round of testing

Appendix 2: Proposals for change to the current staff and resident testing for routine and outbreak situations

- **Short term changes–** less resident and staff testing by the outreach testing team (because transferred to either routine systems or care homes doing the sampling) will reduce pressure on the outreach team, but also need to be aware of pressure on care home teams and the need for more organisation of more NHS kits and labels by outreach team/ELCHST.
- **Medium Term changes in West and Edinburgh** – to be discussed with Strategic Planning given Regional Testing Hub (note Scottish Government request staff testing by NHS labs)
- **Long term changes -** For all areas, there will be changes due to the regional testing hub to be set up at Lauriston. Medium term and long term changes to be discussed with Colin Briggs strategic planning

NHS retest of asymptomatic staff Lighthouse positive – no retest will enable faster action taken where prevalence is high (which means a lower false positive rate). This is the case in WL now. Epidemiological analysis of false positive rate and turnaround time across Lothian will enable decisions on the need to retest to be made as prevalence and systems change.
Test results – where care homes are using lighthouse for outbreak testing they will need to communicate results to the Health Protection Team for action.

LA	Current	Short term change	Medium Term Change
East	**Staff -** Routine and outbreak : NHS kit, Care Home take sample, NHS test. **Residents –** NHS kit/sample/test by outreach testing team. (Some places NHS kit, care home sample, NHS test) **Lighthouse retest of asymptomatic staff positives** - NA	**Staff -** Continue testing in same way **Residents –** if RN in the home and agree, then Care Home sample using NHS Kit and Test.	None
Mid	As above	As above	None
West	**Staff –** Routine: Lighthouse kit, Care Home take sample, Lighthouse Test. Rolling programme or all at once weekly. Outbreak: NHS kit, sample and test by outreach testing team. (Some places NHS kit, care home sample, NHS test) **Lighthouse retest of asymptomatic staff positives** – done by NHS and causes delay of days	**Staff –** Routine: Continue current. Outbreak: Take same approach as current approach for routine testing. **NHS retest of asymptomatic staff Lighthouse positive** – do not retest given high prevalence of positives at present in WL. **Residents –** NHS kit/sample/test by Care Home staff where RCN and agreement.	Consider move to staff routine and outbreaks testing as for East and Mid

	Residents – NHS kit/sample/test by outreach testing team.		
Edin	As above	As above	Consider move to staff routine and outbreaks testing as for East and Mid

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Appendix 43 Stage 3 Care Home Visiting (indoors & outdoors) protocol checklist (August 2020)

Name of Care Home Date

A care home can only consider visiting if they have been COVID free / or fully recovered as agreed with the local health protection team for 28 days from last date of a positive test or symptoms of COVID as appropriate. **Where the last date of a positive test is in an asymptomatic staff member, a risk assessment should be undertaken by the local Health Protection team (HPT) to determine whether this is a confirmed positive COVID case and therefore the home is not deemed COVID free for a full 28 days.**	
The Care Home should be compliant, initially with daily Safety Huddle information sent to the HSCP and then from 14th August The National Safety Huddle	
The Care Home should be participating in weekly testing of staff via the Scottish Government Portal. Whole home testing of resident's should only be required if there is thought to be an outbreak in the Care Home. Resident's should not be subjected to weekly testing if this is considered not to be appropriate.	
The home should identify sufficient staff numbers to support visiting and cleaning	
Risk assessment for visiting has been completed (see Appendix 1 of guidance)	
External audit and monitoring should be facilitated	
Visitor Protocol for Outdoor Visiting (Appendix 2) has been updated to reflect Stage 3 visiting and includes	
Details of where the visits will take place including location (outside), cleaning protocol and access. Consideration should be given to the size of the outside space, now that 3 visitors from 2 households can visit the resident at the same time. The space should be large enough to accommodate physical distancing within it.	

Information on the process for arranging visits, including length of visit, frequency and a limit on the number of visitors in the home at any one time, also to include designated indoor visitor should visit need to be moved inside.	
Details on the registration signing in process for visitors and the completion of a health proforma.	
Details of physical distancing plans including management of visitors (from arrival to departure), layout of visiting area to ensure social distancing, staffing levels to support physical distancing.	
Description of the infection control procedures in place to be followed by the visitors: • Visitors will wash their hands with soap and water or use an alcohol based hand rub (ABHR) prior to entering and leaving the visiting area. • Visitors will wear a face covering. If they don't have one of their own a face mask will be provided and visitors will be shown how to put on and off safely. • Visitors should maintain a two meter distance between themselves and the resident. • Respiratory etiquette is followed and tissues are available and an appropriate receptacle to put them in for easy disposal. • Visitors are not allowed to bring in food parcels, flowers, balloons or gifts. • No pets or children allowed to visit during Stage 3 visiting. • Refreshments are not permitted to be provided due to infection risk. • No blankets are to be provided for outdoor visiting. If blankets are required, a freshly laundered blanket for personal use only should be brought by visitor.	
Visitor Protocol for Indoor Visiting has been completed (see Appendix 3 of guidance) and includes the following:	
Details of where the visits will take place including location (inside), cleaning protocol and access.	
Outline of additional cleaning requirements e.g. increased frequency	
Information on the process for arranging visits including designated visitor, length of visit, frequency and a limit on the number of visitors in the home at any one time.	

Details on the registration signing in process for visitors and the completion of a health proforma.	
Physical distancing plans including: Visitor's journey through care home from arrival to departure. Designated area prepared for visiting as close to entry door as possible, with details of social distancing. Plan for managing other residents within communal spaces, to reduce contact between residents and visitors.	
Description of the infection control procedures in place to be followed by the visitors:	
Visitors will wash their hands with soap and water or use an ABHR prior to entering and leaving the visiting area.	
Visitors will wear a face covering. If they don't have one of their own one will be provided and visitors will be shown how to put on and off safely.	
Visitors should maintain a two meter distance between themselves and the resident.	
Respiratory etiquette is followed and tissues are available and an appropriate receptacle to put them in for easy disposal.	
Visitors are not allowed to bring in food parcels, flowers, helium balloons or gifts.	

Name of person checking documents Date

Appendix 44 Stage 3 Visiting Draft Letter to Care Home Managers August 2020

Date
Your Ref HPT/AP
Our Ref Health Protection Team

Enquiries to Health Protection Team
Extension 35420/35422
Direct Line 0131 465 5422/5420
Email health.protection@nhslothian.scot.nhs.uk

Dear Care Home Manager

As I am sure you are aware, a letter from the Cabinet Secretary, Jean Freeman was released on Saturday 8th August, outlining updated Visiting Guidance for Adult Care Homes in Scotland:

To reduce the risks, it is considered that the following measures should be required before the reintroduction of visiting or progression of visiting to stage 3:

A care home can only consider visiting if they have been **COVID free / or fully recovered** as agreed with the local health protection team for 28 days from last date of a positive test or symptoms of COVID as appropriate.

1. Care homes must undertake a **risk assessment** and develop a visiting protocol before reintroducing visiting with **sign-off** from the local Health Protection team supported by the Care Home Clinical and Care Professional Oversight Team on behalf of the Director of Public Health.
2. These risk assessments and **protocols must be updated** by care homes prior to progression to each stage of the visiting pathway with support and approval from the local health protection teams as above.
3. Care homes must be fully **participating in resident and staff testing** programmes before permitting visitors.
4. Homes must participate in the use of the **Safety Huddle Tool**.
5. There may be occasions when the local health protection team decides there is a need to test visitors for COVID-19 in an area or in a particular home. **Visitor testing should be considered as part of the local risk assessment** processes.
6. **Appropriate Personal Protective Equipment** (PPE) should be available for all visitors. Visitors should bring their own face covering and if required further PPE will be provided).
7. A robust system of reviewing that staff and visitors **do not attend with COVID-19 relevant symptoms** must be in place.
8. Visitors must adhere to **strict hand and respiratory hygiene** by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the care home.
9. Those visiting an individual with suspected or confirmed COVID-19 as part of an essential end of life visit for example, should be **provided with the appropriate PPE.**
10. **External audit and monitoring** should be undertaken as part of local assurance and scrutiny processes to ensure all the mitigating measures are in place and adherence is high. The base line measures for this assurance will be provided via the safety huddle tool.

With all this in mind, we would like to take this opportunity to invite you tp submit your supporting documentation for approval and sign off by the Director of Public Health.

Please submit your documentation to the relevant HSCP as follows:

East Lothian –

Mid Lothian -

Edinburgh -

West Lothian –

Can we ask you to be mindful that we are extremely busy at the moment and that we will provide you with the letter of approval as soon as we can. We will aim to have this to you by the 24th August 2020.

Kind regards

Best wishes

Appendix 45 SBAR - Open with Care: Supporting Meaningful Contact in Care Homes

Date: 24 Feb 2021

S **ltuation**	The new 'Open with Care: supporting meaningful contact in care homes' guidance has been published on 24 February. The guidance emphasises it is time to return to safe, managed indoor visiting from early March 2021. The purpose of the guidance is that everyone living in adult care homes, no matter their age, health, or otherwise, can have meaningful contact with their families and loved ones for the remainder of the pandemic and beyond - provided it is safe to do so. Care homes will first need to make arrangements to do this and meet a set of safety conditions.
B **ackgroun d**	There are 147 adult care homes in Lothian - 108 for older adults (74%), 26 for adults with a learning disability (18%), 9 for physical and sensory impairment adults (6%) and 1 each for substance misuse, blood-borne virus, mental health and respite care adults (Appendix 1). The majority (85%) of the care homes in Lothian are commercial or voluntary entities. All care organisations are required to be registered with the Care Inspectorate. In the initial phases of the COVID-19 pandemic, SG guidance recommended avoiding or restricting visitors to Care homes as much as possible. This was in consideration of the increased risk of Covid-19 infection, higher frequency of severe clinical presentation and serious complications, and higher mortality for older people. It is generally recognized, however, that visits by family members or next of kin are essential for the well-being of residents and contribute significantly to residents' care by providing social interaction, engagement and activities. Furthermore, lessons learned from guidance implementation and emerging evidence have shown that cessation of visiting has had a significantly negative impact on the well-being of both care home residents and their families, along with mental health consequences. In particular, where the resident has dementia, a lack of understanding of why the visits have stopped may generate additional distress. It is also acknowledged that compassion in health and well-being is central to the delivery of quality care, including in maintaining essential health services in the context of COVID-19. Finally, restricting visitors' access to Care homes has also led to some important medical and social care activities being stopped. Significant steps to safeguard care homes have been taken, which now support a return to indoor visiting, against a backdrop of recent decreases in community prevalence and COVID-19 outbreaks in care homes. Good progress has been made in vaccination and enhanced testing programmes within Lothian. These programmes sit alongside multiple other protections, including infection prevention and control measures, which, if maintained and

	rigorously sustained, can now enable safe, indoor visiting from early March (or earlier if care homes are ready).
A **ssessme nt**	**Essential visits** The importance of applying essential visiting guidelines flexibly and compassionately, with individual needs considered on their own merits, is emphasised in the guidance. Essential visits should be protected and supported at all times, including when there is an outbreak in the care home. **Local Oversight Arrangements** Local oversight arrangements are collaboratively led by the NHS Director of Public Health, Executive Nurse lead, Medical Director, Chief Social Work Officer, HSCP Chief Officer. **ADULT CARE HOMES WITHOUT OUTBREAK** For all adult care homes without an outbreak, the risk assessment can be done by the Care Home Providers and Care Homes with support from Health and Social Care Partnerships (HSCPs). Care Home Programme Team will monitor centrally and provide advise if requested and escalate any issues to Care Home Strategic oversight group **Risk assessment[7]:** The following measures in place are key to preventing the risk that visitors may contribute to Covid-19 transmission in Care homes. A brief checklist is given in Appendix 2 **Infection Control** 1. Demonstration of appropriate IPC practices in place in the care home 2. Adequate, available and properly used personal protective equipment (PPE) for care home staff and visitors 3. Face masks must be used throughout the visit, including around the care home building and grounds. 4. Additional PPE should be used if needed according to risk assessment. 5. Physical distancing (between visitors and residents, staff and visitors) should be maintained at all times. However, the guidance promotes "brief hugs or embraces" and these should be supported compassionately. **Vaccination** **6.** COVID-19 vaccination of care home residents and staff **Testing** 7. Routine testing for all care home staff and visiting professionals 8. Testing of residents prior to hospital discharge and admission to care homes. 9. Lateral flow should be strongly encouraged for all visitors and no one who presents as positive at this screening should be allowed to enter the premises **Staffing**

[7] Letter to care homes CNO CMO NCD Donna Bell states "Note that, in relation to updating your risk assessment, you need only alert your local health protection team if this identifies issues of concern"

	10. Adequate staffing available to support interaction between residents and visitors. 11. A monitoring system in place to check on visitors' compliance with IPC precautions. 12. All visitors should be screened for signs and symptoms of acute respiratory infection or significant risk for COVID-19 13. A record of all visitors allowed into the facility should be maintained. 14. The care home should have an arrangement to enable booking/appointments for visitors: ad hoc visits should be avoided. 15. Each resident should have two consistent indoor visitors wherever possible. **Visiting Space** 16. The designated visiting space should be used by only one resident and one visitor at a time and should be subject to enhanced cleaning and disinfection between each visit. 17. The visiting space must be well ventilated. 18. Where there is a single access point to the space, the resident and visitor should enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively. **Communication** 19. The potential risks of allowing visiting should be explained to residents who have the capacity to understand and to their families/next of kin. 20. A designated individual to educate and assist visitors on IPC precautions on an ongoing basis. **ADULT CARE HOMES <u>WITH OUTBREAK</u>** Where there is an actual or suspected local outbreak, the Health protection team will work with local partners and Incident Management Teams to support decision making around visiting and associated communications to the care home sector and the public.
Recommendation	1. Local Oversight Arrangements – Gold to decide where local oversight arrangements would sit for this guidance 2. Gold to decide if there is a need to sign off arrangements around visiting level. 3. Gold is requested to note and agree with the process above for the visiting guidance: Open with Care – Supporting Meaningful Contact in Adult Care Homes.

Open with Care Guidance - weblinks

1. Guidance - Open with Care: supporting meaningful contact in care homes - https://www.gov.scot/publications/open-care-supporting-meaningful-contact-care-homes/
2. Additional information on Open with Care and COVID-19 for residents, family and friends can be found on NHS Inform. http://www.nhsinform.scot/openwithcare
3. Checklist: local conditions to resuming meaningful contact
4. Letter to care homes CNO CMO NCD Donna Bell
5. Frequently asked questions
6. Essential visits: quick guide
7. Poster for care homes
8. Poster for visitors to care homes
9. Frontline best practice for supporting residents in care homes with COVID-19 video (with subtitles)

Appendix 1 Lothian Adult Care Homes

	City of Edinburgh				East Lothian				Midlothian				West Lothian				**Grand Total**
	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	LA	Private	Voluntary	**Sub-Total**	
Older People	9	43	13	**65**	4	12	1	**17**	2	6	2	**10**	4	12		**16**	**108**
Learning Disabilities	2	2	6	**10**		1		**1**		1	2	**3**	2	2	8	**12**	**26**
Physical and Sensory Impairment			6	**6**											3	**3**	**9**
Alcohol & Drug Misuse			1	**1**													**1**
Blood Borne Virus			1	**1**													**1**
Mental Health Problems		1		**1**													**1**
Respite Care and Short Breaks							1	**1**									**1**
	11	46	27	**84**	4	13	2	**19**	2	7	4	**13**	6	14	11	**31**	**147**

Appendix 2 - [Checklist: local conditions to resuming meaningful contact]

Appendix 46 SBAR for Admission pathway for Nursing Home/Care Home residents.

Situation:

Remobilisation of services has increased demand on inpatient beds

Current bed occupancy on RIE site is >95%. Remobilisation of services has increased demand on inpatient beds leading to pressure on the site.

COVID AMU was moved from Ward 205/206T to a smaller foot print (Ward 120) on 28 August 2020, in response to the low community prevalence (5.7/100,000) and no confirmed positive patients admitted through Covid AMU since 6 June 202. This reduced the available bed numbers for 'Covid AMU' from 18 to 11 assuming single room occupancy, and reduced the number of 'unusable beds' from 30 to 15. Beds were unusable because of the requirement for single room occupancy of suspected Covid patients on a red pathway until test results available.

Background:

All nursing/care home residents requiring admission, irrespective of symptoms, have been admitted through Covid AMU, a 'red pathway', screened on admission and tested every 4 days thereafter as per SG guidelines. There have been no positive cases since early June.

4-8 admissions from nursing home are currently admitted every 24 hours with no Covid symptoms.

However, the guidance from the 4 nation's document, **known as the High Risk COVID-19 pathway in the UK IPC remobilisation guidance and** more commonly known as the Red pathway in many boards within Scotland is for.

a. Confirmed COVID-19 individuals
b. Symptomatic or Suspected COVID-19 individuals (as determined by hospital or community case definition or clinical assessment where there is a suspicion of COVID-19 taking into account atypical and non-specific presentations in older people with frailty those with pre-existing conditions and patients who are immunocompromised),
c. Those who are known to have had contact with a confirmed COVID-19 individual and are still within the 14 day self-isolation period
d. Untriaged individuals where symptoms are unknown (e.g patient unconscious on admission and unable to be have full COVID-19 assessment undertaken).

Assessment

Nursing/Care home residents being admitted to hospital could be safely managed by admission to an amber pathway e.g. AMU or other ward areas if not exhibiting features in keeping with the published Covid case definition or suspected contact with a covid-19 positive person.

Nursing home residents could be managed in single rooms, or cohorted, on an amber pathway until covid results available.

Recommendation

Proposed Guidance for admissions of care home residents to COVID AMU where the answer to any of the three following questions is **YES**.

1. Does patient meet following criteria for in-patient care – please consider alternatives to admission including hospital at home
   - an Emergency Department (ED) consultant (or ED StR if overnight) has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night
     and
   - have either clinical or radiological evidence of pneumonia
     or
   - acute respiratory distress syndrome
     or
   - influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing
     or

   - a loss of, or change in, normal sense of taste or smell (anosmia) in isolation or in combination with any other symptoms

2. Is the patient or any resident from the same care home currently isolating in the last 14 days because they have tested COVID positive?

3. Is the patient or any resident from the same care home isolating because they have been notified to do so by Test and Protect?

A positive answer to any of these three questions means nursing/care home patient should be admitted to COVID AMU 'red pathway' to await result of screening test.

If the answer to the above questions is NO, then any patient being admitted to hospital from a nursing/Care Home can be cared for in 'Amber pathways' i.e. AMU or wards. They should be screened on admission as per SG pilot for patients >70years old and every 4 days thereafter.

This approach should be recommended for all Adult Acute admitting sites in NHS Lothian.

Caroline Whitworth, Medical Director (Acute Services)

3 Sept 2020

Appendix 47 Covid Vaccination Care Homes - SBAR

10/12/20

Situation

The Chief Medical Officer letter dated 4 December 2020, identified 3 key objectives for the vaccination programme

- To commence the COVID-19 vaccination programme in line with Joint Committee on Vaccination and Immunisation (JCVI) prioritisation.
- To protect those most at risk by achieving high vaccine uptake amongst the first priority groups.
- To make best use of the limited initial doses of vaccines available, recognising the particular requirements relating to the vaccine, as set out in conditions of authorisation

Background

Care Homes

The CMO letter directed that one of the initial priorities for the limited supplies of the vaccine will be residents and staff in older people's care homes

To calculate the number of staff and residents, data was collated from the analytic team. The analytical team have advised that there are a number of ways to calculate this information. The number of staff can be sourced from the current CI report or from the weekly return to SG. It was advised that the weekly return to SG is the more accurate. For residents it can be calculated from the number of registered places from the CI report, the weekly return to SG or from the new huddle tool. It was advised to use the return from the new huddle Turas tool.

With this proviso there are 110 registered older peoples care homes with 4274 residents and 5994 staff.

Care homes across Lothian have been at the frontline of the pandemic reporting up to 53% (residents/staff) of all population positive cases in the first 4 months of the pandemic. Older age care homes have seen a significant impact, with 93% of all Care Home positive cases.

Care home residents are at high risk of catching Covid due to the age of residents and higher level of frailty with a poorer outcome compared to the wider population. The risk of spread is higher due to the environment, footfall of staff, some residents walking with purpose and healthcare professionals required to enter premises to provide essential care and assessment.

The total allocation of Pfizer vaccine to Lothian for December and January is 69,000 doses. 34,500 vaccines will be used in December and the same in January for the second dose. The first Pfizer vaccine was delivered to Lothian on the 5 December 2020, with 9,000 doses planned to arrive by 10th December.

The staff programme was originally sized at 42,000 staff i.e. 84,000 doses and it was assumed that the other cohorts in wave 1 would be vaccinated using AstraZeneca, due to arrive on 21/12/20. This was based on the understanding that the Pfizer vaccine was not stable when moved. However, it was confirmed on the 3 December 2020 that the Pfizer vaccine is more stable than previously documented and can be packed down and moved to

multiple delivery points i.e. Care Homes. The CMO has clearly directed that Care Home residents must start to be vaccinated using the initial supply of Pfizer vaccine.

The staff programme has been reduced to 30,000 doses to allow a 9,000 dose stock to be built up to start vaccination in care homes and allow for the second dose in January. This will allow around 50% of residents and staff to be vaccinated using Pfizer by the end of December.

The vaccination programme will require the mobilisation of a significant staff resource. This will create challenges in delivering the programme in line with the prioritisation list and NHS Lothian's advanced plans to vaccinate frontline staff.

Assessment

Current plans are at an advanced stage and will commence on the 8 December 2020 initially targeting frontline Health and Social Care staff (inclusive of Care Home staff). The CMO letter identifies programmes to commence in line with the JCVI priority list identifying Care Home residents and staff as the immediate priority.

Pfizer vaccine is considered more stable than previously documented and can be packed down to deliver to multiple sites (Care Homes).

It will be necessary to have agreed criteria to decide which care home residents and staff should be vaccinated first

Care homes with an outbreak are not considered to be covid free until 28 days from the last positive resident case, if outbreak is among residents or 14 days if the outbreak is among staff only. As of 09th December there are currently 23 homes classified as currently dealing with an outbreak or suspected outbreak and therefore would not be considered for vaccination until Covid free.

Evidence suggests that high risk Care Homes should be targeted to receive vaccine prioritisation for both staff and residents. High Risk homes can be identified though a number of factors.

- Current Outbreaks and suspected Outbreaks. If a home is currently going through an outbreak the priority will be low. The data for this is from the daily SitRep. This will need to be updated on a daily basis as some suspect homes may become clear on a daily basis and other homes may develop an outbreak etc.
- Levels of frailty within the home. The care homes within Lothian can be broken down into two categories; Nursing Homes and residential care homes. It is generally accepted that due to the nature of the homes, nursing homes will have a higher percentage of residents who are frail. There are currently 29 Nursing homes within Lothian
- Size of the home. Homes with greater than 20 residents are deemed a higher risk. The larger the care home the higher the priority
- Previous Outbreak. If a care home has never had an outbreak their priority will be higher.

The weighting for the criteria has still to be agreed. However based on the above, a large nursing home which has never had an outbreak would be a high priority home for vaccination. A small residential home with a current outbreak will be low priority.

Break down of data by Partnership

Integration Authority	Number of Homes
East Lothian	18
Edinburgh	65
Midlothian	11
West Lothian	16
Total	**110**

Integration Authority	Number of Staff - current CI Report
East Lothian	944
Edinburgh	3478
Midlothian	623
West Lothian	899
Total	**5944**

Integration Authority	Number of Residents - New Huddle Tool (23/11/2020)
East Lothian	597
Edinburgh	2465
Midlothian	487
West Lothian	725
Total	**4274**

Highbank

Highbank Care home in Midlothian is excluded from the ordering. This is due to it being a short term intermediate care home and after discussion with Chief Officers was agreed that it should be treated individually.

Hospital settings

In addition to care homes another priority for vaccination are patients over 80 year old currently in a hospital setting. Data has been collected for this and broken down into each hospital location and length of time as inpatient.

Appendix B shows the breakdown by hospital of the number of over 80s within all hospitals in Lothian as of 9th December. Work is ongoing to collate the number within HBCCC beds. The data can be broken down into short term stays and long term stays >28 days. (relevant for receiving the vaccine)

Short term

0-6 days	7-13 days	14-20 days	21-27 days
275	123	79	63

Long term

28 - 182	182 + days
223	88

There are therefore 311 patients in hospital > 28 days.

HBCCC: There are approximately 600 HBCCC beds within hospitals in Lothian.

Recommendation

Care homes

Support is requested to commence with a targeted vaccination process for residents and staff within care homes. Based on the four criteria care homes have been sorted to produce a priority list. (see appendix A)

The weighting of the criteria has yet to be agreed, however the example in Appendix A has weighted the criteria in the following order.

- Current Outbreaks
- Nursing Homes
- Size of the home
- Has the care home ever had an outbreak

This will initially involve a combined total of 4,500 residents and staff. Care Homes identified as immediate risk will receive Pfizer up to the 4,500 dose total with other homes identified later in the schedule receiving the AstraZeneca vaccine. Appendix A shows where the cut off at 4500 doses will be based on current status. Health and Social partnerships are to work with the Nurse Director for Primary and Community Care to develop a programme of administration, ensuring no care homes are disadvantaged.

With 4500 vaccines it is possible to vaccinate the following;

	Number of homes in top 31 priority	Cumulative no. of staff	Cumulative no. of residents	Total
East	6	304	198	502
Edinburgh	16	767	767	1870
Midlothian	5	302	302	657
West	4	217	217	430

Total of vaccination in care homes	3459
HBCCC	600
Long Term >80s in hospital	311
Highbank	96
TOTAL	4466

Older Peoples Homes - vaccine prio

APPENDIX A

Over80s_over28days (4).xlsx

Appendix B

Appendix 48 Vaccinating Care Homes with Outbreaks - SBAR
08/01/21

Situation

The SBAR agreed at GOLD on 12th December set out the criteria for prioritisation of care homes in Lothian for vaccinations. This was based on a number of factors and weighted as below

- Current Outbreaks and suspected Outbreaks. If a home is currently going through an outbreak the priority will be low. The data for this is from the daily SitRep.
- Levels of frailty within the home. The care homes within Lothian can be broken down into two categories; Nursing Homes and residential care homes. It is generally accepted that due to the nature of the homes, nursing homes will have a higher percentage of residents who are frail. There are currently 29 Nursing homes within Lothian
- Size of the home. Homes with greater than 20 residents are deemed a higher risk. The larger the care home the higher the priority
- Previous Outbreak. If a care home has never had an outbreak their priority will be higher.

The new variant of covid and the prevalence of covid within the community has increased the number of outbreaks within care homes. This has the knock on effect of many of these care homes then falling into a lower priority for vaccination. A Care home planned to be vaccinated can have the plans cancelled with short notice if this is the case. This can happen within a day's notice and has already affected vaccination plans in the past week.

As we progress with the vaccination programme and given the current number of outbreaks, the vaccination teams will soon be at a stage when the only care homes to vaccinate will be those with a confirmed or suspected outbreak.

Furthermore in this perilous epidemiological situation we need to accelerate the programme to reach as many residents as quickly as possible.

Background

Guidance for care home vaccination for the Pfizer BioNTech vaccine was issued by Scottish Government on 13th December. Section 11 provided guidance of vaccination when there are suspected or confirmed COVID cases in care home residents. The guidance is as follows;

11.1 Green Book advice suggests there is currently limited evidence to support the use of COVID-19 vaccines as post-exposure prophylaxis or to interrupt transmission during outbreaks. The use of vaccine to provide direct protection to vulnerable individuals in prolonged community outbreaks should be discussed with the local health protection teams taking into account all the circumstances including the number of cases in a home, 'Think Covid' and ability to vaccinate maintaining IPC procedure.

11.2 If a care home has only one case of COVID-19 infection in a resident or staff member, other residents and care home staff may be offered vaccination as long as they have not been deemed close contacts of the case requiring self-isolation.

11.3 If a care home has more than one case in an ongoing outbreak or incident, residents who are symptomatic, positive or close contacts who are self-isolating would not be eligible for

vaccination as above. A risk assessment would need to be undertaken to assess whether or not the outbreak / incident cases are segregated sufficiently for other residents and care home staff to be offered vaccination or if safer to schedule the vaccinations post end of the outbreak / incident i.e. 14 days after the last positive test or symptoms, and following a further risk assessment.

Assessment

The care home vaccination programme is carried out by the four Health and Social Care Partnerships. Outbreaks are considered over if no new cases are evident 14 days after the last new case. As of 08th January there are currently 24 homes classified as currently dealing with an outbreak and 17 with a suspected outbreak. These therefore would not be considered for vaccination until covid free.

Plans are in place for all covid free homes in West Lothian HSCP and Midlothian HSCP to be completed by Friday 15/01/2021. There after both partnerships will have 3 and 1 homes to vaccinate.

East Lothian HSCP will have completed all covid free homes by 29/01/2021 with 3 homes currently with an outbreak.

Edinburgh are ramping up their plans to complete 3 care homes a day. However due to the high prevalence of outbreaks there are 31 homes with a suspected or confirmed outbreak.

The information for this is recorded on the daily SitRep report issued by Health Protection.

Break down of data by Partnership

Integration Authority	Number of Homes	Number of vaccinated homes by 15th January	Number of Confirmed Outbreaks	Number of Suspected Outbreaks
East Lothian	18	10	2	1
Edinburgh	65	27	19	12
Midlothian	11	9	1 +1 (Thornlee)	0
West Lothian	16	15	2	4
Total	**110**	**61**	**24**	**17**

All the partnerships will reach a scenario within the next week of either having completed the first dose of vaccination in covid free homes or have plans to vaccinate cancelled due to a sudden suspected or confirmed outbreak. Presently the approach is to only vaccinate covid free homes; however this is becoming more and more difficult as homes suddenly develop an outbreak and plans to vaccinate have to be arranged at very short notice. This is causing major difficulties within the programme logistically and also leaving care homes open to the new variant.

Recommendation

Before the decision is made to vaccinate within the care home there are three main risks to consider.

- There is a risk to the vaccinators entering a home with covid?

Mitigation – All vaccinators will have received at least one dose of vaccine and wear PPE to the level specified for Red pathways in current guidance- this mitigates risk of exposure to vaccinators to the lowest possible level.

- There is a risk to the care home having extra footfall within the care home

Mitigation – Vaccinators are tested with Lateral Flow tests twice weekly.

- There is a risk of the outbreak expanding within the care home due to vaccinators entering the care home.

Mitigation – Vaccinations can take place from room to room, thereby not necessitating patients congregating in one place. Staff vaccinations can occur in small groups over a 30 minute window ensuring there is sufficient social distancing in waiting areas between pre and post vaccination. Cleaning of surfaces and chairs in between staff members and ensuring good ventilation and staff one way system.

We recommend a risk assessment approach for each outbreak as they occur. If a care home has a sudden outbreak or the partnerships have reached a decision that all non outbreak homes have been vaccinated, a number of factors are to be considered if vaccination can continue. With this risk assessment the vaccination programme can continue at speed.

The Risk Assessment is to be carried out by the HSCP and HPT and will consider a number of factors.

- There are no other homes without an outbreak that could be vaccinated first.
- There are residents eligible for vaccination in line with Green Book requirements. That is:
    - Residents who are Covid recovered (i.e. confirmed positive ≥14 days ago with clinical improvement/apyrexial in the absence of antipyretic etc)
    - Residents who are **not** deemed proximity contacts of a confirmed case
- The care home has a laboratory confirmed outbreak
- The Health Protection Team are content that all outbreak control measures required are in place and robust (e.g. PPE, environmental cleaning, ventilation, case & contact management)
- Ensuring those who have had a positive covid test within previous 4 weeks are not vaccinated

Within care homes with outbreaks there will be residents and staff that cannot be vaccinated due to having covid. For care home staff they can make an appointment at a staff clinic at a later date. The remaining residents can also be vaccinated at a later date when the vaccination team return for the second dose at the twelve week interval. Plans will be in place for such scenario.

The situation is currently very fluid but the expectations are if this approach is taken the majority of care homes could have first dose completion by the end of January.

Appendix 49 SBAR – Follow up Vaccinations in Care homes –- Minimising Risk 15/02/21

Situation

The CMO letter (SGHD/CMO (2021) dated 5 Feb gives flexibility in relation to scheduling second doses for care homes residents and these can be scheduled from eight weeks onwards.

In Lothian, all eligible care home residents have been offered the first dose of vaccination. Within the first dose programme there are several residents who will have not received their first dose, who need to be vaccinated.

Background

91.03% of all care home residents have received the Pfizer vaccine. 1.95% declined the vaccine and 7.02% where not eligible at the time of the vaccination team visit and will be offered vaccination. There is an element of choice and for some people, e.g. end of life it may not be appropriate. Therefore, it is not possible for 100% of residents to receive the vaccine. This is a rolling programme and will continue into the months ahead.

The main reason why these residents were not eligible is that the residents were COVID positive and were not four weeks from the first confirmed positive specimen of COVID-19 infection (as per green book guidance). The second most common reason was ill health.

Assessment

There are effectively three rounds of vaccination. This is explained in table 1 below

1. First Round - 91.03% care home residents have had the Pfizer vaccine as first dose. This is complete.
2. Second Round - For the remaining 9%, Pfizer vaccine is suggested for most of residents. This is the follow up cohort (mop – up).
3. Third Round – Second dose Pfizer vaccine is given after 8 – 12 weeks of round 1
4. New admissions are given vaccines separately after identifying which vaccine they have had through TURAS/ GP records.

TABLE 1: PLAN OF VACCINATION IN CARE HOMES

Round	Number of residents	Week	Covid naive patients	Covid Positive patients (<28 days from infection)	New admission
First Round *(First dose)*	All	Week 1	Pfizer (91%)	Ineligible as per green book	Not admitted
Second Round *(First dose – mop up)*	Variable	4 weeks after last positive case	Ineligible as per policy	Pfizer	Care should be taken to check records (TURAS) for previous history of COVID-19 vaccination, confirmation of vaccine should be provided, and steps taken to enable a second dose as appropriate
Third Round (*Second dose*)	All	Week 8 - 12	Pfizer	Pfizer	

Risks and implications for this approach

- Pfizer vaccine has limited transportation options. It must be maintained at 2-8oC, and in addition to its journey out of the pharmacy department, can only have one further journey.
- Small doses of the Pfizer vaccine are not viable for delivery for 1 or 2 vaccinations due to logistical and resource considerations. This risk can be mitigated by moving small number of residents to vaccination centres or vaccinating staff in the visit to care homes
- A number of residents have not given vaccine due to allergies. Probably none of these are actually contraindicated Pfizer but if they are, or vaccinators unwilling to give then they would indeed need AstraZeneca
- There is a (small) risk the wrong vaccine is given in Round 3 due to new admissions having previously received AstraZeneca. The two vaccines are not interchangeable. This will be an adverse event and will need to be recorded as such. Resident, families and SG have to be informed for each case and each case also has to be reported to MHRA.

Process going forward and mitigation of risk:

- The process for commencement of the 2nd dose of vaccinations in all care homes using the Pfizer vaccine will commence week being 15th February.
- This will cover 91.03%. This will be recorded on TURAS.
- Whilst we are administering 2nd dose vaccinations, we will also offer those that declined the first time and those that couldn't be vaccinated, the opportunity to have the first dose of the Pfizer vaccine. This was circa 9% of residents. If they accept that will further improve the take up. This may be closer to 100%, but full compliance is unlikely. Again, this will be recorded on TURAS and these residents will be offered their second dose of Pfizer vaccine in 8-12 weeks.
- For those residents who are new to the care home, the plan will be, that unless they have been vaccinated in the community, they will receive the Pfizer vaccine as standard. If, however they have had a first dose of the AstraZeneca vaccine they will be given this, and this should be recorded clearly in both TURAS and the GP notes.

This plan will ensure consistency of vaccine used and robust recording of vaccine given and reduce any potential for the wrong vaccine to be given.

Recommendation

Gold is requested to note and agree with above process for vaccination of care homes residents

[1] https://www.gov.scot/publications/root-cause-analysis-care-home-outbreaks/pages/4/

[2] https://www.careinspectorate.com/index.php/about-us
[3] Letter 'Executive Nurse Director Role During COVID-19' sent from the Cabinet Secretary for Health and Sport to Executive Nurse Directors on 17 May 2020
[4] https://www.york.ac.uk/media/chp/documents/2008/shelteredhsgscotland.pdf
[5] https://www.legislation.gov.uk/asp/2006/1/notes/division/3/5

NHS LOTHIAN

Board Meeting
23 June 2021

Director of Nursing, Midwifery and Allied Health Professionals

COVID VACCINATION PROGRAMME

1. Purpose of the Report

1.1. The purpose of this report is to update the Board on the covid vaccination programme.

1.2. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2. Recommendations

2.1. The Board is asked to:

2.2. Note the update on the covid vaccination programme performance.

2.3. Note that Lothian's reported performance against the whole eligible population is skewed by a number of issues and that Lothian's performance against the cohorts offered vaccination is better than reported

3. Discussion of Key Issues

3.1. The Board was previously updated on the covid vaccination programme on 7 April 2021. This paper focuses on progress with the programme as nearing completion of offers of 1st dose vaccination for those aged over 18 years by mid July 2021 and progress in 2nd dose vaccination. A summary of 1st and 2nd dose vaccine uptake associated with priority cohorts at 6 June 2021 is outlined in Appendices 1 and 2.

3.2. The table below shows the % of the total eligible population vaccinated for all Health Boards at 8th June 2021.

Table 1: % of total eligible population vaccinated

	Total 1st doses	Pop 16+	Percentage Coverage	Pop 80+	Percentage of 16+ Scotland Population	Percentage Vaccine Share
NHS AYRSHIRE & ARRAN	238,922	308,231	77.5	20,929	6.8	6.7
NHS BORDERS	77,900	96,487	80.7	7,142	2.1	2.1
NHS DUMFRIES & GALLOWAY	101,922	125,617	81.1	9,902	2.8	2.7
NHS FIFE	230,045	308,998	74.4	19,206	6.8	6.8
NHS FORTH VALLEY	201,348	254,165	79.2	14,730	5.6	5.7
NHS GRAMPIAN	369,439	485,116	76.2	27,597	10.7	11.1
NHS GREATER GLASGOW & CLYDE	709,833	985,014	72.1	53,419	21.7	21.4
NHS HIGHLAND	198,752	269,758	73.7	18,866	5.9	5.9
NHS LANARKSHIRE	409,475	543,415	75.4	29,730	12.0	12.0
NHS LOTHIAN	540,195	755,366	71.5	39,296	16.6	16.6
NHS ORKNEY	16,648	18,688	89.1	1,329	0.4	0.4
NHS SHETLAND	17,037	18,722	91.0	1,105	0.4	0.4
NHS TAYSIDE	256,993	349,860	73.5	24,739	7.7	7.7
NHS WESTERN ISLES	20,544	22,466	91.4	1,904	0.5	0.5
Total	**3,389,053**	**4,541,903**	**74.6**	**269,894**	**100.0**	**100.0**

As indicated in the 7th April Board, the denominator used is the whole eligible population down to age 16. Lothian's population is skewed to the under 50's therefore NHS Lothian's position compared to other NHS Boards has improved as vaccination invites continue to be offered to younger age groups.

Vaccine Supply

3.3. Vaccine supply has remained stable in recent weeks with no disruption to delivery of supplies. However, availability of Pfizer and Moderna vaccine is currently limited with additional supply expected in early July resulting in the need for careful management of supply of these vaccines for those aged under 40 years in line with Joint Committee of Vaccination and Immunisation and Chief Medical Officer recommendations.

3.4. Scottish Government have recently revised the vaccine supply / demand proforma to be returned each week with a requirement to include a % Did Not Attend (DNA) rate to ensure no NHS Board is over stocked with vaccine due to limited supply of Pfizer. NHS Lothian has applied a 20% DNA rate for 1st dose schedules based on recent experiences with a caveat to highlight with circa 80,000 18-29 year olds have opted to self-registered for vaccination therefore it is expected DNA rates may be for lower. No DNA rate has been applied to 2nd dose activity as the majority of citizens are attending 2nd dose appointments to complete their vaccination status.

3.5. Vaccine supply and administration at vaccination centres has become more complex with many agnostic vaccination sites due to the requirement for 1st dose vaccination of those under 40 years with Pfizer / Moderna vaccine and 2nd dose vaccination of over 40s with Astra Zeneca.

Venues, Workforce and Booking Systems

3.6. NHS Lothian has sufficient capacity to meet scheduling demand with the recent opening of a further mass vaccination centre at Lowlands Hall, Royal Highland Centre on 17th May (50 vaccination stations) to coincide with NHS Lothian approaching our busiest schedules in line with our younger population profile. Vaccination capacity at Lowlands Hall has had to be reduced for the week of 14th June to 1,000 vaccinations per day due to the virtual Royal Highland Show and requirement for car park capacity for the event.

3.7. There has been attrition of the workforce (vaccinators, administration and enquiries team staff) as staff are re-deployed to previous roles as lockdown restrictions have eased, this resulted in further request for military support with 41 army vaccinators deployed from 9th May until 14th July. Recruitment is on-going for additional administrative and enquiries staff and efforts made to engage with bank vaccinator staff in particular those who have received induction and training but have not undertaken any shifts. The staff enquiry team has now merged with the general vaccination enquiry team as requests for staff vaccination have reduced.

3.8. The drive through vaccination centre at Queen Margaret University closed on 13th June with increased capacity available at East Lothian Community Hospital to compensate for this closure. The vaccination centre at Royal Bank of Scotland, Gyle will close on 11th July with activity relocated to Lowlands Hall, Royal Highland Centre.

Vaccination facilities such as cabins are being relocated to other sites and currently exploring the relocation on university campuses to support vaccination of returning students to Lothian.

3.9. In recognition of easing of lockdown, citizens returning to the workplace and rollout to younger population cohorts and support reduction in DNAs, opening hours of vaccination centres was extended at the end of May with mass vaccination centres open to administer vaccination from 8am to 7pm.

3.10. Scheduling of appointments includes an allocation of 125 appointment slots per day to allow the Lothian vaccination enquiries team to book ad hoc appointments to support citizens who have missed appointments and unable to reschedule on the national vaccination scheduling system.

3.11. Dedicated clinics for those aged 16 – 17 years with underlying health conditions and young carers in line with JCVI recommendations took place in May 2021 at the Royal Hospital for Children and Young People and Gorebridge Community Centre.

3.12. Staff are having to manage challenging circumstances with some citizens over the age of 40 years expecting to have a choice in an alternative vaccination to Astra Zeneca due to concerns of adverse reactions and JCVI recommendation that those under the age of 40 should receive Pfizer / Moderna vaccination. This cannot be accommodated due to limited supply of vaccine for under 40 year schedules. NHS Boards have sought national support with communications. It has been recommended vaccination centres display notices to highlight abuse of staff will not be tolerated in line with NHS Violence and Aggression Policy.

3.13. With recent outbreaks associated with the Delta Variant, arrangements for drop in vaccination without appointment has been put in place with the specific aim to target citizens whom despite invite have not come forward for vaccination. Drop in was available at Lowlands and Pyramid centres from 9th June with roll out to other vaccination centres week commencing 14th June for a period of 2 weeks.

A review of drop in activity was undertaken on 10th June which indicated 900 people 'dropped in' for vaccination at Lowlands and Pyramids, of whom 500 already had appointments scheduled therefore completed vaccination earlier than planned and 400 additional people attended for vaccination.

Drop in arrangements will be extended to vaccination centres at EICC, RBS, ELCH and Gorebridge in addition to Lowlands and Pyramids week commencing 14th June.

3.14. As vaccination activity has substantially increased in recent weeks, some vaccination centres have experienced queues for vaccination. A number of mitigating actions have been put in place to support queue management:

- All sites have set contingency to address queuing, changing flows of patients, increasing administration support and reviewing available vaccine
- Increased team daily huddles
- Movement of staff from sites to point of need if necessary
- Diversion of individuals to other nearby centres for vaccination
- Those who are vulnerable i.e. frail, pregnant, attending with children are expedited
- Ongoing communication and updates on waiting time to the public

- Support in rescheduling of appointments for those unable to wait

3.15. To support NHS Lothian's inclusive vaccination plan recognising those who have not come forward for vaccination many need to be supported and encouraged by a trusted healthcare professional, an additional local enhanced service has been offered to General Practice. At 9th June, 64 practices had signed up to deliver this further enhanced service. Further meetings will take place to review gaps in provision and consider what further support can be put in place.

3.16. NHS Lothian is working with higher education institutions and modelling is underway to establish the best model to help deliver the vaccine to students who may not live in Lothian. This is being progressed via weekly meetings.

3.17. There has been concern that high DNA levels were impacting on performance. Overall DNA rates available on the national dashboard indicate 17.9% rate in Lothian compared to 15.9% nationally (national dashboard only includes activity scheduled via the national vaccination scheduling system i.e. excludes GP and staff vaccination clinics). DNA rates in past 7 days shows DNA levels of around 27.3% for Lothian, rates mainly relate to 1st dose vaccination. DNA rates fluctuate on a daily basis, no specific trends can be drawn following a review of data however in recent weeks it has been noted during the weekends and improvement in weather conditions maybe a contributing factor as well as circa 12,000 national invite letters have been returned to Lothian undelivered as citizens are not know at address.

Governance and Management

3.18. As the programme has moved into a more clinically focused operational delivery the Director of Nursing, Midwifery and Allied Health Professions will chair the Programme Board going forward. The Director of Primary Care Transformation will focus on long term planning for vaccination.

3.19. The previous Director of Primary Care Transformation has drafted an initial discussion paper on the future of the COVID vaccination programme and how this will be absorbed within an overall Vaccination Programme. The Director of Nursing, Midwifery and AHPs is working with the new Director of Public Health and the four HSCP Joint Directors to review what a future programme would look like.

3.20. Key to this programme will be ensuring that the right governance and accountability is set out, as well as a clear financial plan. The latter is likely to be significantly higher than our current costs given the recurring costs that are likely to be associated with a COVID Booster programme and an extension on the offer of the flu vaccine.

3.21. The plan will also cover the need for a robust workforce plan, data, delivery model, governance and oversight, enabling infrastructure, the role of the HSCP's and public health as well as vaccine supply itself.

4. Key Risks

4.1. Vaccine supply could change at any time which may impact on progress. This is a national issue and NHS Lothian is unable to control it.

4.2. Staffing has become more difficult as pandemic restrictions ease and there are greater competing demands for available staff.

5. Risk Register

5.1. This issue is included in the GMS Contract and Vaccination Transformation Risk Registers.

6. Impact on Health Inequalities

6.1. An impact assessment has been carried out. It will be important to support those with access difficulties to reach venues and for the local venues to provide access. A programme of targeted vaccination for hard to reach groups has been developed.

7. Impact on Inequalities

7.1 A vaccination Inclusive Plan has been developed with good progress made, supported by Health and Social Care Partnership Teams and the Edinburgh Access Practice to vaccinate for example those who are homeless, travellers and other hard to reach groups. It is hoped the additional local enhanced service programme to be delivered through General Practice will also have a positive impact.

8. Involving People

8.1. There has been extensive involvement of stakeholders across the system and with external partners. However, the programme has developed and continues at pace and there have been limits on public involvement as a result. The programme is driven by national policy and involvement has focused on the detail of the programme and impact assessment.

9. Resource Implications

9.1. The programme cost estimate is around £23m and remains on track, however additional resource implications associated with the recent additional local enhance service with funding requirements confirmed depending on final uptake and vaccinations delivered. Government has given assurance that these costs will be funded.

Alex McMahon
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14 June 2021

Appendix 1

First Dose Vaccine Administration – Summary Up to 6th June 2021

JCVI Priority	Cohort Size	1st Dose Vaccine Administered	% Completion	Target Completion 1st Dose
1: Care Home Residents	4,180	3,788	91	31 January
2: All Front Line H&SC Staff 2: NHS L Employed Staff and GPs	N/A 26,308	39,981 19,497	Note 1 74.1 Note 2	31 January
2: Over 80 Years	32,812	31,378	95.6	31 January
3: 75 – 79 Years	27,421	25,321	92.3	14 February
4: CEV 16 – 69 Years	15,434	12,667	82.1	14 February
4: 70 – 74 Years	41,394	39,500	95.4	14 February
5: 65 – 69 Years	41,119	37,456	91.1	23 February
6: 16 – 64 underlying health condition and unpaid carers	130,211	111,993	86.0	18 April- on-going household immunosuppressed lettered from 5 May
7: 60 – 64 years	29,220	25,883	88.4	29 March
8: 55 – 59 years	36,092	30,989	85.9	12 April
9: 50 – 54 years	39,729	32,806	82.6	18 April
10: 40 - 49 years	104,718	58,978	56.3	31 May
11: 30 – 39 years	127,991	52,747	41.2	13 June

Note 1: Data presented is all vaccinations that took place in a staff clinic. A dominator for this is not available as it encompasses various staff groups, and these are not defined. Excludes staff vaccinated in other locations i.e. care homes

Note 2: Includes all NHS L employed staff, not just frontline. Includes GPs but excludes other independent contractors

Appendix 2

2nd Dose Vaccine Administration –Week Ending 6th June 2021

JCVI Priority	2nd Dose Vaccines Administered	Cumulative % Completed
1: Care Home Residents	7,736	94.6%
2: All Front Line H&SC Staff	44,032	81.2%
2: NHS L Employed Staff and GPs	47,532	84.7%
2. Over 80 Years	30,074	94.3%
3. 75 – 79 years	25,147	95.0%
4. Clinically Extremely Vulnerable (CEV)	11,483	90.7%
4. 70 -74 years	38,258	96.9%
5. 65 – 69 years	35,803	95.6%
6. At Risk (underlying health condition) and unpaid carers	74,126	66.2%
7. 60 – 64 years	20,527	79.5%
8. 55 – 59 years	20,542	66.3.3%
9. 50 -54 years	3,474	10.6%

NHS LOTHIAN

Board Meeting
23rd June 2021

Director of Strategic Planning

REMOBILISATION PLAN 3

1 Purpose of the Report

1.1 The purpose of this report is to seek approval from the Board for Remobilisation Plan 3. Members seeking more information should contact the Director of Strategic Planning in advance of the Board meeting.

2 Recommendations

Board members are recommended to;

2.1 **Approve** Remobilisation Plan 3;

2.2 **Note** the position regarding escalation.

3 Discussion of Key Issues

3.1 Board members will recall the discussion of the draft Remobilisation Plan 3 ("RMP3") at the Planning, Performance, and Development Committee of May 2021. The draft Remobilisation Plan 3 was circulated to Performance, Planning, and Development Committee members in advance.

3.2 Members will also recall the discussion at PPDC included the following key points;

- That RMP3 was the latest iteration of the planning approach adopted by NHS Scotland over the course of the pandemic;
- That RMP3 covered the first six months of the 2021-22 financial year, with a focus on seeking to manage risk associated with the ongoing pandemic by delivering vaccination and services associated with, for example, cancer waiting times;
- That RMP3 included contributions from all sections of the Lothian health and care system;
- That the draft RMP3 had been submitted to the Scottish Government for review and that the feedback to date had been positive.

3.3 Board members will recall that there was an expectation that NHSL may, as a result of progress over the last 2 years, be de-escalated on the national performance escalation framework. NHSL had been escalated for;

- Issues related to the delivery of the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences;
- Inpatient paediatrics services at St John's Hospital;
- Performance in the area of scheduled care;
- Performance in the area of Unscheduled Care, specifically the 4-hour emergency access standard
- Performance in the area of delayed discharges;
- Performance in the area of child and adolescent mental health waiting times (CAMHS) and psychological therapies (PT) waiting times;
- Performance in providing access to mental health inpatients on an unscheduled basis

3.4 NHSL has now been de-escalated for performance in all areas with the exception of performance in respect of CAMHS and PT waiting times, in recognition of the progress that NHSL and our IJB partners have made in this area.

3.5 Board members will be aware of the challenges the Lothian system still faces in the areas above, and in particular for unscheduled care and scheduled care. While congratulations are due for the immense work undertaken by members of staff working in these escalated areas to deliver improve services, the underlying capacity issues, related to NRAC, remain.

3.6 There is an expectation that there will be an RMP4, covering the second half of the financial year.

4 Key Risks

4.1 Risks to performance remain throughout all areas in RMP3 relating to the impact of the pandemic.

4.2 Risks also remain in place associated with underlying capacity challenges in all parts of the system.

4.3 RMP3 is intended to lay out how NHSL and its partners aim to manage these key risks during the first half of 2021-22.

5 Risk Register

5.1 There are multiple entries on the risk register relating to the issues covered in RMP3.

6 Impact on Inequality, Including Health Inequalities

6.1 RMP3 includes multiple proposed plans to manage risk, each of which require their own impact assessment.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 RMP3 includes multiple proposed plans which reflect a pandemic footing, and so engagement and consultation may have been limited in the way that we would wish.

8 Resource Implications

8.1 Resource implications are detailed throughout RMP3.

Colin Briggs
Director of Strategic Planning
11th June 2021

Appendices

1 – RMP3 as submitted.

NHS Lothian
Remobilisation Plan 3

April 2021 – March 2022

Version 1/cdb4
26 February 2021

Contents

1. Introduction

This is NHS Lothian's 3rd Remobilisation Plan ("RMP3"). During the COVID-19 pandemic Scotland's NHS Boards have been on emergency footing, with objectives set directly by the Cabinet Secretary for Health and Sport. These plans – including the original Mobilisation Plan produced in March 2020 – have very deliberately focussed on a relatively short-term horizon, in order to most effectively manage the risks associated with the pandemic.

The pandemic has had a terrible impact on Scottish society, in terms of death, continuing illness, mental health, and the economic and social impact of COVID-19. However, it has also been the source of inspiring and heroic efforts by staff, volunteers, and the general public. There is, with the delivery of several effective vaccines, considerable hope that progress towards effective suppression of the virus, beyond "lockdowns", will be possible. The Lothian system has made huge strides towards effectively delivering the vaccination programme, having vaccinated over 220,000 people including 43,000 staff, all of Lothian's care home residents, care home staff, over-80s, housebound residents, over-70s, clinically extremely vulnerable and many under 65 at risk

While this plan has been produced to cover the financial year 2021-22, the fast-moving nature of the pandemic is such that there is a very high likelihood that this plan will need to be revised. As at its original writing, the assumption is that this will need to be about half-way through the year, with a revision – "RMP4" covering preparations and plans for the winter of 21-22. The key variable here is whether vaccination programmes and virus suppression measures are effective. If these are, the system able to begin the process of restarting some of our "business as usual" programs and initiatives. However, the course of the pandemic to date has brought into sharp focus that the system is learning as it goes, and there are significant "known unknowns" regarding

- the lifespan of vaccine-induced immunity;
- how rapidly the general population can receive both their initial and booster vaccine doses;
- the effectiveness of vaccines in preventing spread, and in the prevention of moderate and severe illness;
- vaccine supply

In addition, it is not yet clear how large the backlogs will be in terms of demand vs capacity, workforce erosion, and other resource considerations. All of these combine with the level of workforce exhaustion to again underline the need to be careful and thoughtful in plans for the second half of the year and to see this RMP3 as a descriptive of a risk-management, as opposed to performance-management, approach.

These resource considerations, and the fact that we do not, as yet, know "just how bad it will get", mean that we also need to consider what the longer-term strategy for the organisation, the system it operates within, and indeed the entirety of NHS Scotland, looks like. NHSL continues to manage a range of underlying risks relating to finance, workforce, demographic change, and the consequent capacity gap. These are increasingly compounded by the need for us to update our estate to be fit for purpose. Over the last six months NHSL has commenced on the work to develop the Lothian Strategic Development Framework, which will be developed during the timescale of the RMP3. This will be developed and delivered in partnership with IJBs, local authorities, and other participants in the public square of life in the Lothians.

2. Priorities and Outcomes

As noted above, NHS Scotland is currently focussed on a very limited series of priorities, specifically;

- Managing the pandemic;
- Delivering essential services;
- Supporting our workforce.

More fully, this means;

- Ensuring the effectiveness of COVID-19-specific programmes such as Test and Protect, Mass and Staff Vaccination, COVID-19 Assessment Pathways, support for the care home sector, and effective infection control measures to prevent nosocomial spread;
- Continuing to deliver life- and limb-preserving assessment, diagnosis, and treatment in unscheduled care programmes, cancer waiting times, transplant, child and adult protection, urgent mental health services, and equivalent programmes;
- Working to preserve and protect the health and wellbeing of all of our staff, from ensuring appropriate personal protective equipment, through access to testing, effective occupational health support, and into our staff wellbeing programmes, focussing on mental health support in particular.

This sits within the broader context of the health and social care system continuing to deliver what is possible in the context of the pandemic in;

- Prevention of ill-health by tackling inequalities and health promotion;
- Effective primary care services supporting in particular chronic disease management;
- Maternity and health visiting services focussed on ensuring the best possible start to life;
- Meeting national targets and guarantees on elective care;
- Effective delivery of unscheduled care standards, including the 4-hour standard for emergency care and ensuring that no patient is delayed in their discharge;
- Ensuring high-quality care for mental health and wellbeing, specifically the delivery of national standards for psychological therapies and child and adolescent mental health services (CAMHS);
- Ensuring that our cancer services continue to deliver excellent outcomes for patients

Clearly, the ability of NHS Lothian and its partners is significantly compromised by the constraints of the pandemic, with particular reference to the availability of workforce and the challenges posed by effective infection control across a wide range of settings.

As noted in the introduction, the likelihood is that a further iteration, RMP4, will cover the second half of the year. However, this should not be taken to suggest that the organisation is not looking to the longer-term future. Since October 2020 the system has been working with the Royal Society for the Arts, Commerce, and Manufacture ("the RSA") on its *Future Change Framework* to capture the learning from the past 12 months, both good and bad, and use it to consider what a new future for the organisation will look like. This, therefore, constitutes the other major plank of work for through the 2021-22 financial year.

3. Working with Partners and Whole System Working

This third remobilisation plan has been produced in partnership with colleagues and stakeholder organisations across the local health and social care delivery system, as well as with partners in the third sector and local authorities. NHS Lothian has also worked closely with neighbouring territorial Boards in the development of coordinated, collaborative planning as well as with national Boards who provide essential data and planning assumptions and who are developing and deploying national initiatives which affect Lothian residents. Previous remobilisation plans have also been shared with local authority Teams and with national and neighbouring territorial Boards.

Local Partnership Forum

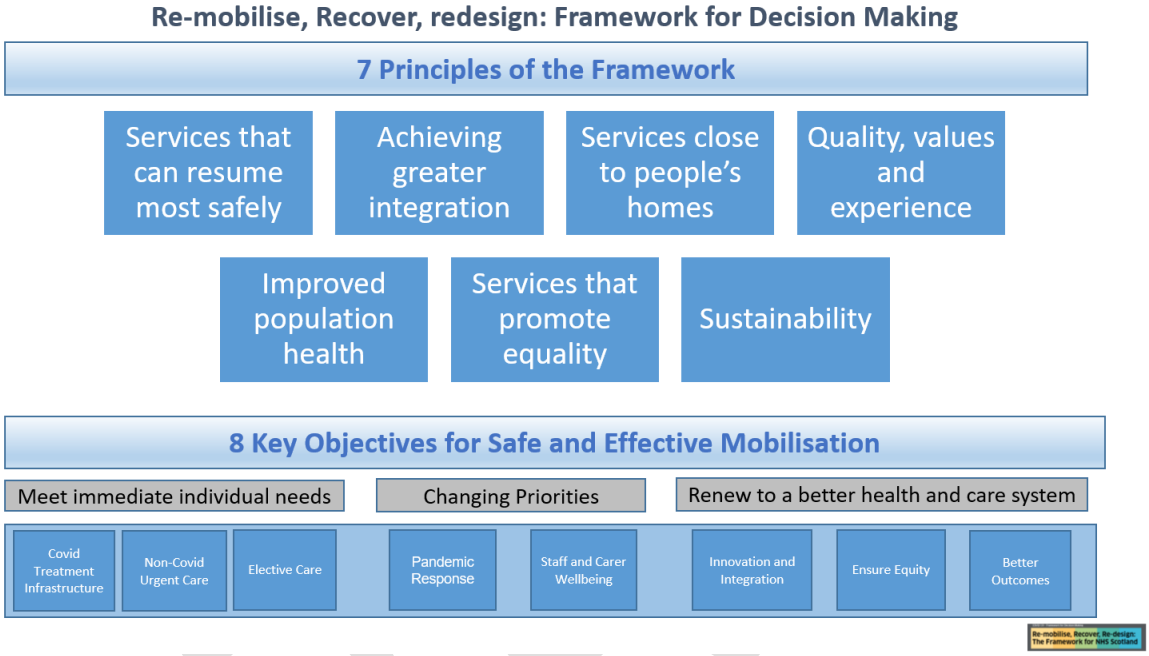
The partnership working ethos is embedded in our workforce support and development activities, with active engagement and collaboration with trade union partners. There are staff side representatives on all Command groups, including PPE, workforce prioritisation, staff testing, staff wellbeing, and vaccination groups. Business as usual partnership arrangements have continued in addition to the COVID-19 response, which includes area and local partnership forum meetings, workforce planning, organisational change, and staff engagement work programmes.

Area Clinical Forum (ACF)

Whilst the ACF were temporarily suspended in March 2020 and reconvened in August 2020, the Forum were nonetheless consulted on both the first and second remobilisation plans and likewise on this third remobilisation plan. In the latter part of 2020 the ACF began engagement with the RSA to start the development of the Board's refreshed Strategic Development Framework. ACF meetings, following its temporary pause in spring/summer 2020, have been concerned primarily with discussion of the remobilisation plans as well as involvement with the RSA workshop.

4. Scottish Government Framework 'Remobilise, Recover, Redesign'

The Scottish Government published a framework to Re-mobilise, Recover and Redesign Services on 31 May 2020[1]. The framework sets out a number of principles and objectives for safe and effective mobilisation as outlined below.



This document aims to meet the Scottish Government expectations that Remobilisation Plans ensure the following:

1. Surge capacity for COVID-19 19 patients is maintained to ensure capacity / resilience in the system to respond to a second peak
2. Patient and staff safety are ensured by appropriate streaming of COVID-19 / non COVID-19 19 pathways across the health and care system
3. We retain capacity to deliver health components of Test and Protect and intervention and support in care home sector
4. Strict infection control measures are in place
5. COVID-19 screening and testing policies are implemented in line with national guidance
6. Inter dependencies are factored in including transport, education too
7. High quality care is delivered including patient experience
8. New and effective ways of working are maintained and built upon avoid reverting to previous working practices
9. The impact of physical distancing measures across the health and care sector on capacity is continually assessed
10. We continue to deliver access to diagnosis and treatment for clinically prioritised patients

This remobilisation plan also reflects how we will:

- Manage the backlog of planned care (OP / IP waiting lists) to minimise harm
- Ensure unmet demand is managed and ensure safety e.g. referrals and community based services

[1] https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/

- Manage the NON COVID-19 and COVID-19 19 unscheduled care demand, recognising that ED attendances and acute hospital admissions are increasing
- Work to address and reduce health inequalities in the wider healthcare system, during a time of deepening inequality

5. High Level Planning Assumptions and Scenarios

Our planning assumptions for the 2021-22 financial year include;

- The production of an effective vaccine in sufficient quantities to deliver a rapid mass vaccination programme for the citizens of the Lothians;
- That "lockdowns" instituted in December 2020 are effective in preventing the overwhelming of the health and care system;
- That staff sickness can be managed within an acceptable level to ensure the continued functioning of health and care services;
- That the Lothian health and care system can deliver on the objectives laid down under emergency footing powers;
- That sufficient testing capacity can be sourced and delivered to support suppression measures in care homes, across staff groups, and in the general population;
- That social care services can be sustained;
- That mutual aid arrangements for critical care and other crucial services can be maintained.

As noted above, it is assumed that there will be a need for a second plan during the year, so a key scenario assumption is that the vaccine delivering programme will deliver first doses to the adult population of the Lothians by September 2021.

It should be noted that we have not made any assumptions about demand in this document, other than implicitly assuming that this will be flat for the first two quarters of the year. This reflects the nature of the pandemic and the impact it has had on population behaviours to some extent, but also could present a clear risk if demand for core non-COVID-19 services rises.

We have also assumed that our workforce will remain in a position whereby it will be deployed to manage the risks identified under emergency powers as a priority, rather than necessarily delivering business as usual.

6. Current Position Against Previous Plans

Progress against previous plans is demonstrated throughout this document. The nature of the pandemic is such that different challenges have appeared with regularity and without any warning and so what retrospectively appears as progress was not included at all in previous plans, even those produced six months ago.

7. Governance Arrangements for Delivery of the Remobilisation Plan

NHS Lothian has reviewed and adapted its governance arrangements to achieve the following aims:

- The organisation can effectively respond to COVID-19 and discharge its governance responsibilities
- The organisation maximises the time available for management and operational staff to deal with COVID-19
- The organisation minimises the need for people to travel to and physically attend meetings

The NHS Board agreed in April 2020 that it would be inappropriate to convene Board meetings in public from April to June 2020. The NHS Board has maintained this position ever since, considering Scottish Government guidance. Apart from not convening Board meetings in public, there has been little change to the system of governance within NHS Lothian. The introduction of TEAMS has been successful and has allowed the Board and its committees to continue to meet. COVID-19 has of course heavily shaped the agendas of meetings, but nevertheless the system of governance has carried out other routine business. From the Board meeting of 9 December 2020 there has been a facility for anyone to join and observe the public Board meeting on TEAMS.

The Board considers reports relating to COVID-19 and management's activities to respond to it and develop and deliver services at every meeting. The Board has a specific risk for COVID-19 on its corporate risk register, overseen by the Healthcare Governance Committee. Management have been reviewing all risks to ensure that they adequately capture the impact of COVID-19.

The Staff Governance Committee will continue to oversee the arrangements for the safety, wellbeing, and support of our staff, workforce resourcing systems, and processes, and seeking assurance that NHS Lothian operates according to the Staff Governance Standard. The Board's Finance and Resources Committee has oversight of the financial planning associated with both responding to the pandemic and supporting the remobilisation plan.

The Board agreed on 14 October 2020 to create a Planning, Performance, and Development Committee which has all of the Board's non-executives as members. The Committee will review the remobilisation plan on 3 March 2021 and may make recommendations to the Board (which will meet on 7 April). The Committee will also receive progress reports on the implementation of the remobilisation plan.

The finance directorate carries out a quarterly financial review exercise, with a clear focus on core and COVID-19-related expenditure and projections. Senior management consider a weekly financial report which informs a robust financial management control for the approval of COVID-19-related expenditure.

NHS Lothian's planning, analytics, finance, and human resources teams worked together during the first wave of the pandemic to develop an early warning system. This system used activity in the community to intensive care and across different parts of the NHS. This proved to be a useful system to guide to changes to our activity profile, and we shared the code used for the daily acute forecasting with all Scottish Boards. NHS Lothian continues to work with others to ensure best use of the data available in all areas of the pandemic response.

The NHS Lothian Head of Corporate Governance is a member of the national Corporate Governance Steering Group and the national Board secretaries' group. Through these channels, NHS Lothian will

continue to be actively involved in the development of a 'Once for Scotland' approach to governance and continuous improvement.

It should be noted that NHSL has continued to take forward its work to deal with its escalation against the national performance framework in late summer 2019. This work is driven through the governance put in place at that point around the Royal Hospital for Children and Young People, and further, through the programme boards for mental health, unscheduled care, and scheduled care. These have continued to meet and progress plans where this has been possible. The programme boards for mental health and unscheduled care are important vehicles for taking forward the broader strategic integration of health and social care, chaired by IJB Chief Officers. The unscheduled care programme board has also provided a very useful focus for the redesign of urgent care over the winter.

8. Public Health

8.1 Workforce and Public Health remobilisation priorities

The Public Health department is organised into three Teams: Business and Administration, Population Health, and Health Protection. The Directorate has completed a review of workforce and is currently in the final stages of moving into a new structure. The priority work programmes for the coming year are as follows:

- The Population Health group will include new teams working in each HSCP/CPP area with a significant focus on COVID-19 recovery priorities such as mental health, poverty, and place. The Population Health Teams will also continue to provide support for continuing remobilisation of health and social care services as well as leading Lothian Teams for programmes such as screening and smoking cessation.
- The Health Protection Team capacity for pandemic outbreak management has been boosted by a new group of dedicated health protection nurses and Consultants and the ongoing integration of Test and Protect services.

The department also continues to support Lothian programmes for vaccination, shielding and community testing as part of the Board COVID-19 response. Over the coming months we will be enhancing our health intelligence capacity to strengthen our public health offer to the Board and partners.

Test and Protect in NHS Lothian has scaled up the service rapidly from its original Tier 2 staffing requirements to achieve the current Scottish Government target set for NHS Lothian of 80 WTE contact tracers on duty daily, 8-8 on 7 days per week plus Team Leads to support the service. Lothian now has a Test and Protect staff complement of approximately 140 WTE contact tracers and 35 WTE Team Leads employed on 12 month contracts (to November 2021) to achieve the SG daily staffing targets. Ongoing recruitment of contact tracers is required to maintain target numbers as the current job market has resulted in high turnover. Use of supplementary staffing at present is balanced daily against current case numbers.

The original core group of Test and Protect will have fully returned to their substantive NHS posts areas by mid-February. Some of these staff retain their equipment and will be available to support any surge in demand.

8.2 Test and Protect

In August 2020 there was a shift from the two tier system of Test and Protect which had required Boards to undertake enhanced contact tracing of complex cases with all Tier 1 tracing of simple cases done at the National Contact Tracing Centre (NCTC).

Now, with a substantive Lothian workforce in place with capacity to handle Tier 1 tasks, Test and Protect has also established six Teams to undertake enhanced (Tier 2) contact tracing; each team focuses on a specialist area such as care homes, education or workplaces and this has seen the team integrate more closely with the Health Protection Team working on these areas and also with the local authorities while working on schools outbreaks. In addition, one of the Test and Protect Teams now supports the Occupational Health Service by undertaking enhanced contact tracing of all staff testing

positive and we anticipate continued close working across both Teams as well as Health Protection and Infection Prevention and Control Teams.

An escalation plan is being put in place for additional contact tracing activities that can be undertaken when case numbers are lower such as contact failure reviews and isolation follow up.

8.3 Screening

All screening programmes face capacity issues due to the need to adjust operations for a COVID-19 pathway.

Cancer screening programmes

Cervical

Cervical cancer screening capacity in primary care has been enhanced by funding to support temporary recruitment of new staff to run additional sessions to adapt to additional time required for a COVID-19 compliant service. But demands on primary care to deliver vaccination mean short-term pressure on cervical screening staff. There has been additional Consultant recruitment to address the backlog of colposcopies.

Breast

Reintroduction of breast screening services saw an initial increase in attendance and associated increases in cancer detection rates are being tracked nationally. To address the backlog due to both the COVID-19 pause and previous backlog due to population increases, a new mobile screening unit has been supplied by NSD as part of the efforts to increase provision for breast cancer screening. The National Breast Screening Review will report later this year and will make recommendations on future breast screening delivery Routine appointment planning in Edinburgh has been adjusted to increase the number of appointments offered at the screening centre.

Bowel

Screening kits continue to be distributed. A backlog of symptomatic patients adds to pressure on colonoscopy capacity at hospitals. There is national planning work to address the shortage of colonoscopy appointments across Scotland, however Lothian is currently able to cope with demand locally.

Non-cancer screening programmes

Diabetic Retinopathy screening and AAA screening

Clinics for DRS and AAA run from community premises which are currently being used for vaccination clinics. In the short-term this may cause some delays to screening but there is ongoing liaison with HSCPs to minimise impact. COVID-19 compliance means capacity per session is reduced.

Pregnancy and Newborn screening

With the exception of a brief interruption to newborn hearing screening, pregnancy and newborn screening programmes continued throughout the pandemic. The backlog in hearing screening has been erased.

8.4 Informing and Communicating

Public Health staff continue to emphasise the importance of the FACTS message for COVID-19 prevention. In addition, work with partners is highlighting the importance of wraparound support (income support and welfare advice) to help people whose life circumstances mean that accessing COVID-19 tests and complying with self-isolation advice is more challenging.

Ensuring our population take advantage of COVID-19 community testing and also take vaccination opportunities is essential, and work to increase uptake will require good communication and engagement. In the longer-term, COVID-19 recovery will also need to focus on wider determinants of health as well as ensuring that delayed or deferred healthcare opportunities are taken up. Partnership work around anti-poverty, inequalities and community wealth building will be core to this work.

9. Living with COVID-19

IPC, PPE, Physical Distancing

We will continue to implement the enhanced standard and transmission based precautions advised by the COVID-19 addendum to National IPC policy - this includes maintenance of segregated high (red) and medium (amber) risk patient pathways, and extended use of PPE by patients, visitors, and staff where required. Wider precautions around physical distancing and restrictions for public spaces and non-clinical services will similarly continue. Further review of policy and guidance is anticipated once mass population vaccination milestones are met, and to reflect any sustained reduction in community prevalence of SARS CoV2. Policy change will be directed at Scottish Government/NSS ARHAI level, and NHS Lothian will implement any revised guidance accordingly.

Assurance of compliance is provided through case and cluster review, iterative ward review by IPCT and senior clinical leaders on each site, and supported through HAI audit and feedback processes.

Management of Nosocomial Infection (Inc Implementation of Testing Strategy)

Enhanced screening protocols have been rolled out in line with current guidance. All emergency and planned patient admissions will be tested on or prior to admission across all hospital sites using various testing methodologies including point of care antigen testing and PCR. Patient placement to mitigate risk of nosocomial transmission is determined by clinical assessment, clinical need and test results. There will continue to be risk associated with patients admitted who are negative and incubating the virus on admission, and who subsequently become symptomatic and/or test positive. In the absence of 100% single room accommodation, this risk cannot be eliminated, but is reduced as far as is reasonably practicable through the implementation of IPC policy and dedicated high and medium risk pathways (see above). Ongoing surveillance is provided through serial patient testing in all adult groups and other specific high risk patient groups (e.g. neonates). The IPCT maintain alert organism surveillance with set triggers for defined organisms including SARS CoV2. All single unexpected COVID-19 positive cases outside of defined high risk (red) pathways and all clusters are investigated, and contact tracing undertaken. Multidisciplinary incident management Teams are convened to respond to clusters and outbreaks where required in line with current national guidance.

Safe/Segregated Pathways

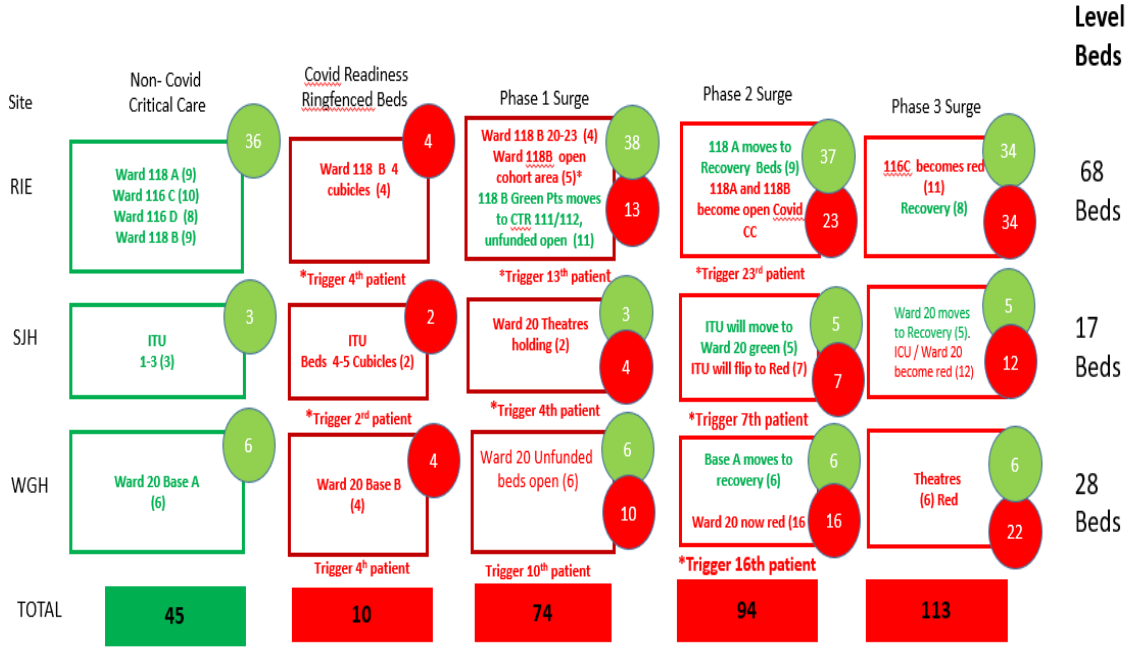
Segregated high and medium risk ward and critical care pathways are provided on all acute hospital sites. The number of beds/wards allocated to these pathways is dynamic in response to infection incidence and hospital presentation, and to wider community prevalence. Segregated staffing is provided to high and medium risk areas as far as is reasonably practicable. For clinical safety or treatment reasons, high and medium risk care areas may sometimes be provided within a single ward footprint (for example renal patients requiring dialysis, highly specialist regional/national services). Mitigation of risk is provided through adherence to national IPC policy.

Maintenance of Surge Capacity

We will continue to provide as required a surge capacity of up to 415 beds (general and critical care). This assumes an ongoing ability to accommodate all non-COVID-19 unscheduled care flows on each adult site including regional and national services, based on previous year patterns, recognising they may be impacted with further cohorting due to infection control, and staffing shortages.

Critical Care

Critical Care will continue to operate from a core footprint of 55 beds across the 3 adult acute sites. Well established critical care surge plans will provide an incremental increase up to 113 beds as and when required. Cohorted COVID-19 beds are available on each acute site with the ability to flex capacity as demand changes. It is noted that the staffing required to support surge capacity may not be as readily available from specialties outwith Theatres & Anaesthetics as in the first wave due to the anticipated ongoing clinical pressures at Front Door and in general wards. The distribution of beds and flex plan across the adult sites is shown below.



Acute beds

The following configuration of beds to provide surge capacity across each acute adult site is outlined below. This provision of up to 302 beds is underpinned by the peak surge capacity required in the recent wave.

- SJH : 100
- RIE : 102
- WGH : 100

CPAP Continuous Positive Airway Pressure

An outline clinical model has been agreed to deliver CPAP in safely staffed and ventilated areas for deteriorating patients until such times as a critical care bed becomes available. This intervention is not to be used as a treatment modality out-with critical care where invasive ventilation is not indicated. Due to the ventilation requirements beds to provide CPAP (effectively Phase 4 of the critical care surge plan) would be located if required in high dependency units across the acute sites including : Coronary Care Unit RIE (8 beds), Medical High Dependency SJH (5 beds), and Ward 52 WGH (8 beds).

Mutual Aid/Regional approaches

Support across the region will continue especially across critical care, cardiology, burns and transplant pathways as and when required.

Long COVID-19

We aim to develop a consistent pathway across Lothian for patient diagnosed with Long COVID-19. This will build on 2 recently established workstreams: a single point of access / service for Edinburgh HSCP, and work started by our critical care recovery team. The latter aims to provide patients and families with appropriate supporting information through collaboration with Chest Heart Stroke (CHS). This is enabled by the Tailored Talks resource recently developed in house from funding from the Edinburgh and Lothians Health Foundation. The aim is to expand and potentially include non-ICU COVID-19 survivors as soon as possible, ie extend to hospitalised COVID-19 and primary care referrals to CHS advice/support line.

A pilot of a multidisciplinary critical care recovery service will be extended on all acute adult sites throughout 21/22 to support patients post discharge from ICU throughout to discharge to community. In enhancing existing input it is anticipated this will not only improve patient outcome but also release occupied bed days and prevent / reduce readmission.

10. Unscheduled Care

NHSL's approach to unscheduled care has been undergoing significant change for the last two years. The pace of change has been accelerated markedly by the learning from the pandemic, with the examples of Call MIA, the Redesign of Urgent Care, and rapid implementation of Home First models standing out in this respect.

Our Lothian Home First principles set out that everyone working in health and social care is responsible for providing quality care as close to home as possible, promoting independent healthy lives, and reducing unwarranted harm caused by long hospital stays. These principles were developed before the COVID-19 pandemic and are now even more important as we seek to reduce the risk to patients and the wider public by minimising the need for patients to travel outside their local area to access care, and ensuring the benefit of any face-to-face contact in a healthcare setting outweighs the risk of attendance. We are committed to a whole system approach to improve unscheduled care services to achieve the right care, in the right place, at the right time, by working collaboratively across our four health and social care partnerships, our primary care services, our four acute hospital sites, and our national partners NHS24 and the Scottish Ambulance Service.

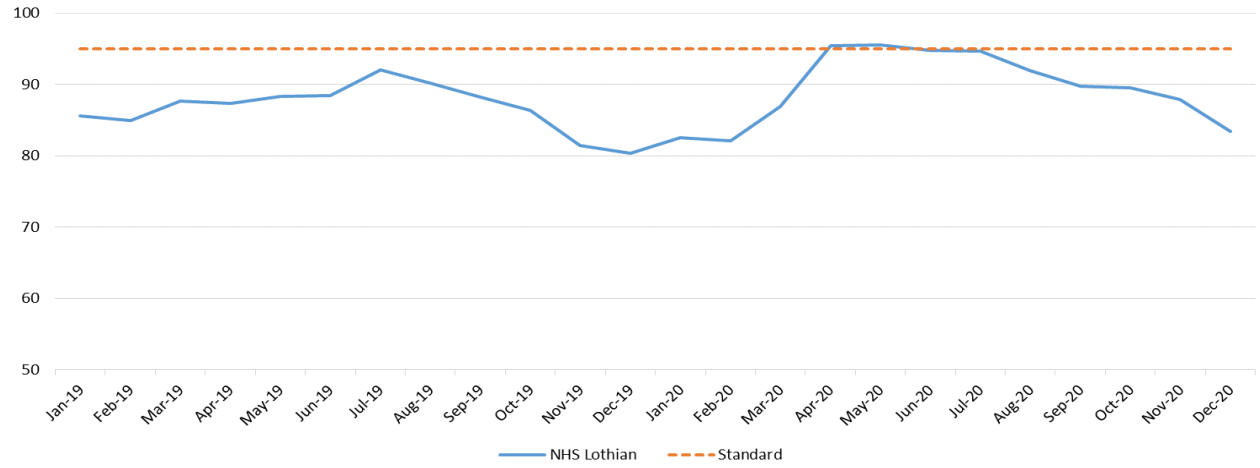
Accident and emergency services

Attendances at our acute front doors have not returned to pre-COVID-19 levels, and lockdown restrictions have had the greatest impact on attendance levels. This has had the most significant impact on reducing the minors flow, resulting in a higher proportion of patients with major presentations and a higher conversion rate for emergency admissions than observed in the pre-COVID-19 period. For example at the RIE in December 2020 the average admission rate was 35% compared to a pre-COVID-19 average of 26%.

While this is supporting a longstanding aim to keep our Emergency Departments for higher acuity patients, the reduction of minor presentations along with our continued development of scheduled same day secondary care services including planned minor injury assessments (Call MIA) and planned same day emergency care (SDEC at the Western General Hospital) have negatively impacted on overall performance against the 4 hour Emergency Access Standard. The conversion of unscheduled to scheduled attendances is providing an improved patient experience, and reducing time spent in hospital, however it is also impacting the 4EAS denominator and leaving the more complex patients 'on the clock'.

4 hour performance increased at the start of the COVID-19 pandemic when elective activity was reduced, attendances decreased and COVID-19 community transmission was low over the summer months. As services have remobilised and COVID-19 cases have increased, hospital occupancy has also increased, which alongside COVID-19-related bed closures, has reduced capacity to manage emergency admissions resulting in increased 4-hour breaches.

NHS Lothian 4 hour Emergency Access Standard Performance Jan 19 – Dec 20



Aligned to national changes in reporting planned and unplanned ED/MIU attendances, over the first quarter of 21/22 we will ensure a clear and consistent reporting approach across our acute sites which allows for meaningful comparisons between historical attendances and 4EAS performance with the new model of scheduling unscheduled care.

Redesign of Urgent Care Implementation

The national redesign of urgent care programme has accelerated work that was being developed through the Lothian Unscheduled Care Programme Board to support people receiving the right care, in the right place, at the right time. Phase 1 of the redesign of urgent care, which is aimed at reducing and smoothing self-presenter attendance demand at acute hospital front doors by encouraging the public to access advice and care for non-life threatening illnesses and injuries via 111, was successfully implemented in December 2020. The Lothian Flow Centre moved to a 24/7 expanded service to receive the new urgent care referrals 24/7 from NHS24 and manage patients to the Call MIA pathway by providing either scheduled virtual or face-to-face assessments with minor injury nurse practitioners at the acute sites, or by providing patients with a scheduled time zone to attend RIE or SJH EDs.

We have worked closely with our partners in NHS24 and continue to do so through regular 'safe-space' meetings to develop and improve the patient journey and experience. We learnt from the experience of the pathfinder in NHS Ayrshire and Arran, and have implemented the recommendations from the rapid review of the RUC pathfinder.

Activity has been lower than expected, although in line with the soft launch of the national communications, with an average of 40 daily referrals to the Lothian Flow Centre from NHS24 in December 2020, which has risen to a daily average of 50 in January 2021. Approximately equal numbers of patients are referred directly to ED from NHS24.

The second phase of the Redesign of Urgent Care programme is aimed at improving professional (General Practice, Scottish Ambulance Service clinicians etc) referral into same day community care services and same day secondary care services that will provide care closer to home and reduce hospital attendances and admissions. Aspects of phase 2 have been progressed alongside the phase 1 work and are ongoing, with each HSCP building on their existing community services to provide easy access for GPs to safely keep patients at home. Midlothian went live with a single point of access for GP referrals to community services on 1 December, Edinburgh went live with a new urgent referral pathway for GPs via the Lothian Flow Centre on 15 December, East Lothian have their established CWIC service, and West Lothian have built on the REACT team.

In addition there has been the development of same day scheduled secondary care with the Same Day Emergency Centre (SDEC) at WGH going live from 23 November 2020 following a successful pilot earlier in 2020, and development of further respiratory and surgical hot clinics. RIE and SJH are developing a similar approach to SDEC for patients referred by GP for further assessment and diagnostics as part of their front door redesign programmes which will be progressed over 2021.

Our objectives for implementation of the redesign of urgent care over 21/22 include:

- Maximise impact of phase 1, aimed at those self-presenting to MIU/ED, by improving public understanding about when to attend ED, and developing the interface between NHS24, the Lothian Flow Centre, and downstream clinical services including increasing the number of scheduled minor injury assessments.
- Clear and consistent system wide pathways in place for urgent care that are easy for residents and professionals to navigate supported by a consistent triage and sign-posting/redirection approach across all acute sites with increased sign-posting/redirection activity from ED
- Develop and improve professional referral pathways (phase 2) into same day community services and same day secondary care services to achieve right care in the right place at the right time, including:
    - Improving ease of access of General Practice referral to secondary care services via the Lothian Flow Centre
    - Increasing provision of planned same day secondary care, including expansion of the SDEC (same day emergency care) model, which is provided outwith the ED to reduce ED attendances
    - Improving ease of access of primary care referral to same day community services within each HSCP
    - Opening professional referral pathway for ambulance service clinicians via the Lothian Flow Centre to both same day secondary care and community services
    - Developing urgent care pathways for people presenting in mental health distress building on our existing Mental Health and Assessment Service (MHAS) at the Royal Edinburgh Hospital
- Provision of care as close to home as possible, embedding the Home First philosophy, with a stay in hospital when clinical needs can only be met in hospital. Develop the right size of community provision to manage population growth that supports care at home and prevention of hospital admission, with an initial focus on Hospital at Home capacity and delivery in 2021.

Reducing delays across the whole system

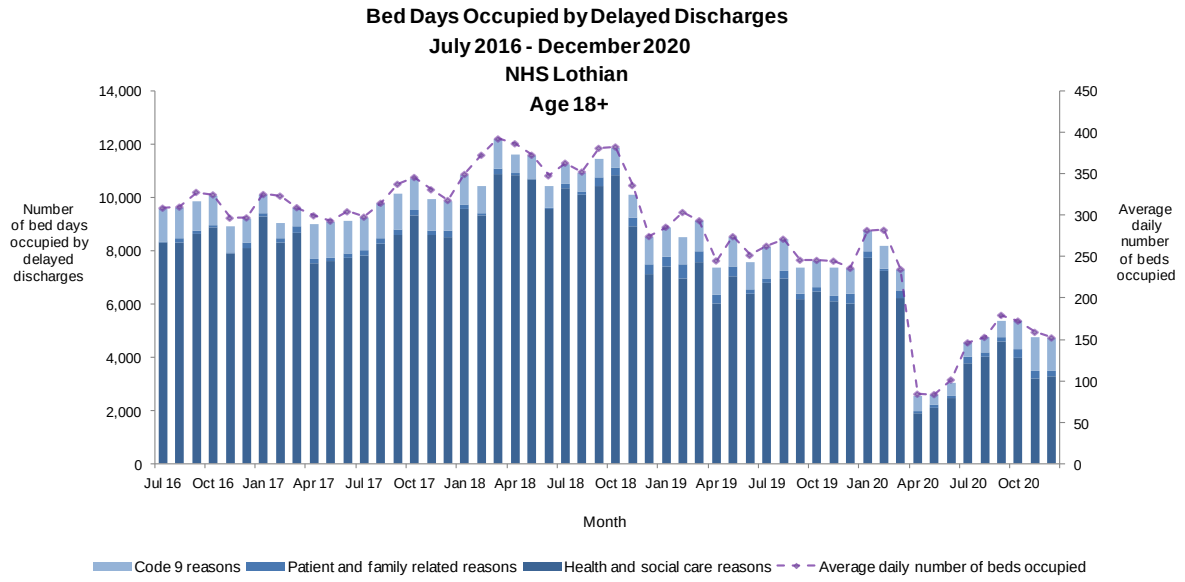
The number of delayed discharges had been decreasing and has further reduced during the COVID-19 pandemic. The number of occupied bed days due to delays in December 2020 were 35% lower than in December 2019. The HSCPs continue to work with acute colleagues to improve discharge planning, transfers of care and implementation of a Home First approach with assessment of health and care needs determined by the appropriate professional at the appropriate time to continue to reduce delays.

As part of our recovery plan, our aim was to achieve 95 delays due to health and social care / patient and family reasons by March 2021. Census figures for January 2021 recorded 100 Lothian residents delayed and so we are on track to achieve our aim. We continue to be ambitious in reducing delays, while acknowledging the uncertainties in forecasting the number of delayed discharges including market stability and the current challenges of care home utilisation.

Over 21/22 we will develop and implement a pan-Lothian Discharge Operating Model with clear roles and responsibilities across acute and community Teams embedding the Home First philosophy.

We will also aim to reduce delays for transfer from acute hospital to rehabilitation / intermediate care, which is interdependent with clear pathways in place for urgent care so patients access the right care in the right place reducing the need for inter-hospital transfers, as well as reducing overall length of stay.

NHS Lothian Average Delayed Discharges and Occupied Bed Days[2] Jul 16 – Dec 20, PHS



[2] Average delayed discharges and occupied bed days includes code 9s and excludes code 100s

11. Remobilisation of Primary, Community, and Social Care

11.1 Primary care

General Medical Services

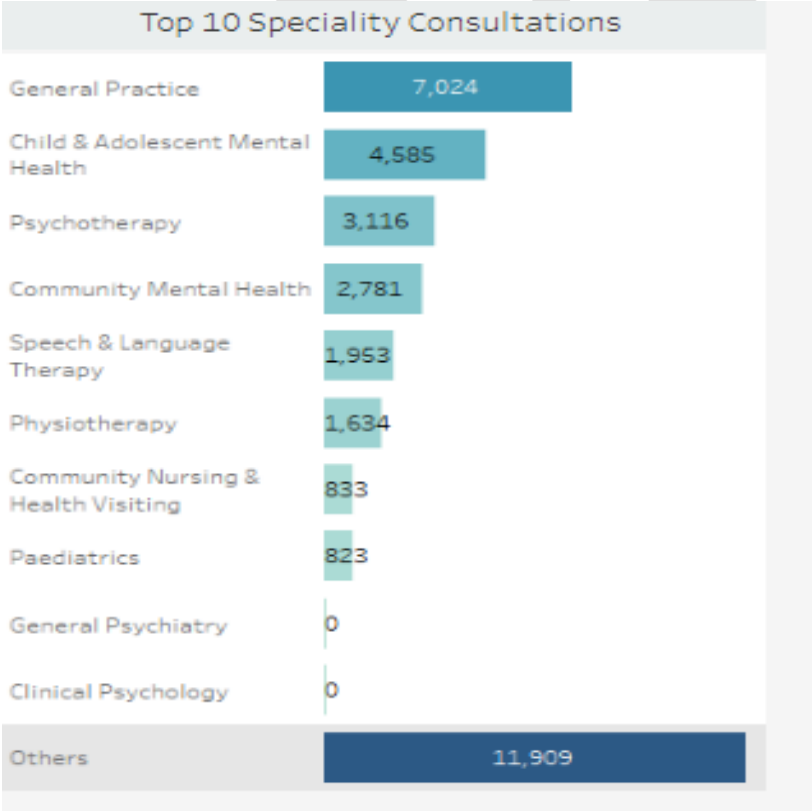
NHS Near Me Consultations

Near Me is now embedded into day to day care across NHS Lothian, adopted across all General Practice and acute services. A new model of integrated services is being rolled out to ensure an appropriate mix of telephone, Near Me (video) and COVID-19-safe, physically attended appointments is offered to patients in both acute and primary care settings.

NHS Lothian Near Me Activity for the period 1st Jan 2020 to 31st Dec 2020:

NHS Lothian	Consultations	% Consultations	Hours
Primary Care	16,251	22%	2,272
Other	57,265	78%	24,969
Total	73,516	100%	27,241

NHS Lothian Near Me activity (top ten specialties) for the 12 week period from 23rd Aug 2020 to 9th Jan 2021 is shown in the following chart[3].



[3] NSS Scotland Near Me activity Dashboard

Lothian Unscheduled Care Services (LUCS) – Out of Hours Services

In August 2020 LUCS moved back into its usual base at the WGH. LUCS is now working out of its usual five bases at the RIE, WGH, SJH, ELCH, and MCH. The intention is to continue with these five bases.

LUCS continues to cover all Covid home visits in the out of hours period. In addition, since August LUCS has been the Covid Assessment Centre out of hours, and between midnight and 8am it manages all Covid triage calls. Extra staffing is put in place dependant on demand and this will continue whilst the Covid pathway continues unless significant escalation is required.

LUCS has expanded its telephone triage capacity and this will continue. All routine appointments to LUCS are now phoned in advance to ascertain if they can be managed remotely either by telephone or by Near Me.

LUCS have flexed the capacity of its overnight District Nursing service in line with the demand. The demand is monitored weekly, and extra teams and co-ordinators are provided (staff resource permitting) when demand increases. This is particularly to support care homes. LUCS continues to work with the care home group to develop services to care homes.

LUCS have developed a home oxygen policy in collaboration with hospital@home services to provide urgent oxygen for covid positive patients who would not benefit from or who would not wish admission to hospital.

LUCS has continued to develop home working. All admin staff can now work from home and a number of selected clinicians also have the capability to work from home, clinically remotely managing patients. If there is a need to further increase home working this will be done on a case by case basis.

Although rotas are currently stable, looking ahead it is likely there will be a shortage of sessional GPs as life returns to normal. LUCS are therefore increasing recruitment of salaried GPs and nurses to ensure an ongoing robust and sustainable service. There is ongoing work reviewing the terms and conditions of salaried doctors. A number of nursing courses were stopped last year, so nursing education is being prioritised and LUCS are actively seeking opportunities and places on courses for nurses to ensure we continue to recruit and train nurses to work in the service.

Work continues to comply with all PPE requirements and to keep up to date with PPE and infection control guidance. In January LUCS began participation in Lateral flow testing. All staff have been requested to participate in this testing. LUCS has completed the first round of vaccination of its staff and is working with NHS Lothian to enable staff to receive their second vaccine in a timely manner.

LUCS continues to provide monthly updates and educational events for staff, although these are now on Zoom rather than face to face. LUCS management team have offered and provided personal support for staff facing any difficulties due to the pandemic and have ensured all staff are aware of the wellbeing resources on offer both locally and nationally. We are looking at providing continuing support and space for staff to ensure that they feel able to continue working with the service post pandemic.

Dental

There are 171 dental practices in Lothian providing treatment to NHS patients, of which some limit their care to the provision of Orthodontics.

NHS Lothian has received notices from general dental practitioners that they are withdrawing from the delivery of NHS dental care for adults, affecting circa 12,000 patients. Some GDPs have also withdrawn from the provision of NHS services for children affecting circa 1,000 children. The Dental Practice Advisers have followed up with all of these practices. Most of them have given business related reasons for their change of support for the NHS.

NHS Lothian continues to provide support for all NHS practices through:

- the provision of PPE (NHSL was the first health board in Scotland to move to a practice-based ordering model for PPE through PECOS rather than a central "push" model with associated increases in efficiency)
- a dedicated "fit testing" team to support the use of FFP3 respirators during delivery of AGPs in primary and secondary care settings
- support for the national program of LFT testing for all patient-facing staff (this also extends to those additional dental teams who provide wholly private dental care)
- delivery of the SARS CoV2 vaccination program to all members of the patient-facing dental teams in NHS Lothian as a phase 1 priority group (this also extends to those additional dental teams who provide wholly private dental care)

All dental practices are currently being asked to deliver around 20% of their "pre-COVID" activity and are being provided with 85% of their prior NHS financial payments. At present there has not been a regulatory process about this, largely due to the 2nd wave of the pandemic. Scottish Government plan to monitor reported dental activity and then vary the level of financial payment based on the pattern of care being delivered. We await more detailed breakdown of activity in NHS Lothian from Practitioner Services Division to be able to support this. We understand that there are discussions ongoing between Scottish Government and the dentist's union (the British Dental Association) about the indicators of activity that should be used in this process. Scottish Government continue to provide PPE to all dental practices to support the level of 20% of activity. It is unclear at this stage when this support will be withdrawn; previously dentists provided their own PPE.

All dentists have been advised to prioritise the care that is being delivered using the Scottish Dental Clinical Excellence Programme guidelines for urgent care and processes developed through the Scottish network of Dental Practice Advisers. Priority is to be given to the relief of pain and initially to completing courses of care that are outstanding from the start of the pandemic.

All dentists have been told that "aesthetic" procedures, both in the mouth and the use of dermal fillers / botox etc, should not be undertaken at present.

In terms of access to dental care, there are 2 issues: the first is de-registration of people by practices who wish to reduce their NHS commitment and the second is people who have moved to the Lothians since around January 2020 who have not been able to find an NHS dentist.

Firstly, we have bolstered our unscheduled and out of hours care services to be able to support urgent care needs for these people.

Secondly, we have reached out proactively to all practices to identify those who are willing to take on new NHS adult patients and will be making the contact details for those practices who are taking on new patients available through the web portal NHS Inform.

Finally, and if required we will explore dental access funding with Scottish Government to support the establishment of additional NHS dental practices in the Lothians. This option is not currently viable but will become so when NHS dental care moves forward as the pandemic abates.

Urgent Dental Care Centres (UDCCs) including Sites, Capacity, Demand and Staffing

There is a small residual strand of UDCC capacity for "red pathway" patients. These are individuals who have been diagnosed as having a COVID-19 infection and require urgent dental care because of dental pain or swelling. We have seen very few people in this category over the last year, but the capacity is still built into our systems.

The remainder of UDCC activity has been subsumed into the NHS Lothian Unscheduled Care and Out of Hours services that are delivered through the Chalmers Dental Centre in Edinburgh. Prior to the pandemic a small Out of Hours service also ran in Livingston at the weekends. This has not been re-started yet to continue to support reduced footfall in St John's Hospital.

Care Homes Dental Care

Urgent dental care for residents in care homes is currently being delivered by the PDS. For the 40% of care homes for which it has responsibility routine care home care for the remaining 60% has been enabled by SG through remobilisation of the GDS. The Oral Health Improvement Team who manage the "Caring for Smiles" program for NHSL are reaching out to all the care homes in the Lothians to ensure that resident do have access to urgent care if required.

Impact of Test and Protect on General Dental Service Practices and the UDCCs

There is a risk that Test and Protect will identify contacts of positive cases in the workplace in dental services and it will not be possible to maintain that service for short periods. In this situation a GDS practice will use its buddying arrangements with other practices. If this happens in the PDS some parts of the UDCC service may be constrained for a short period. Appropriate risk assessments, Standard Operating Procedures, staff training, and awareness will help mitigate this risk and apply to both staff rooms and clinical areas.

Secondary Care Services and the Hospital Dental Service

Remobilisation of the secondary care service and the hospital dental service continues. Emphasis has been given in this process to supporting the dental care needs for three groups of patients.

Firstly, in the head and neck cancer pathway both before and after their active treatment for the cancer where a team of Special Care and Restorative Dentists support the activities of the Head and Neck Cancer MDT.

Secondly, those patients who need to be dentally fit to have other medical interventions for life-threatening conditions such as bone marrow transplantation and complex cardiothoracic surgery.

Finally, those patients whose medical health makes it impractical for them to receive care in a dental primary care setting, for example people with significant blood clotting disorders.

This remobilisation process in secondary care also faces significant challenges, COVID-19 pathways in hospital settings are limiting the numbers of patients on general anaesthetic theatre lists so even though we have been able to restart all of our prior lists we are still operating at around 50% of

deliverable capacity compared with prior to the pandemic. This, along with the substantial period when no lists were available will have an inevitable impact on the length of wait of procedures. Priority is being given to children with significant dental pain but even their wait lists are running at an unusually extended period.

There are also substantial numbers of people who have been referred into the secondary care service for opinions / support. One "*benefit"* of the closure of routine dental services has been that the lengths of these wait lists have not grown substantially during the last year, but we are now seeing people who were referred initially prior to the first lock down. Again, capacity to see patients is more limited than previously due to physical limitations in clinical premises and the ongoing need for social distancing in the hospital setting. There are also specific problems associated with inadequate ventilation in some premises that have been brought into focus by the challenges of delivery of Aerosol Generating Procedures in dentistry.

Prioritisation of care delivery has also been given to both the undergraduate Hygiene and Therapy students and our postgraduate specialty trainees to support their ongoing education. We appreciate that the H&T students who were meant to graduate in June will not. We currently anticipate that they will have developed the necessary clinical skills to be "safe beginners" by early Autumn. When this happens they will be allowed to graduate from the University and register with the GDC. The postgraduate programs are also extended by around 3 months to support development of clinical skills. These priorities are in alignment with NHS policy about the ongoing development of medical and dental trainees.

Key Messages and Themes in Dentistry

GDS practices have now mostly remobilised into Phase 4 of recovery and are currently tasked by SG to provide 20% of prior clinical activity to support largely urgent care needs among their client groups. Data to support this level of activity have yet to be shared with the Health Board.

PPE supplies are robust to support this 20% of activity. If dentists wish to provide care above this level for their patients they must provide the additional PPE from their resources.

Further extension of clinical activity will be driven by Scottish Government decisions in line with policy change around the pandemic response.

The Public Dental Service and secondary care dental services have also remobilised. Activity levels are running at around 50% of pre-pandemic capacity largely to do with supporting social distancing among both patients and the staff cohort within the building, issues around ventilation in buildings and limitations of yellow treatment pathways in a hospital setting.

Prioritisation of care has been focussed on the delivery of care to patients who require care for medical reasons and on the support and delivery of education for undergraduate and postgraduate learners.

All members of the patient facing dental teams across the services have been offered the COVID-19 vaccine in phase 1 of the vaccination program.

Managing COVID-19 outbreaks in Dental Settings, Service Continuity and Testing

NHS Lothian has access to specialist Dental Public Health advice through the SEAT network. The Dental Public Health Team have developed a process for managing and supporting practices that experience a COVID-19 case amongst staff or patients. This has included close working with Test and Protect,

Health Protection and the Primary Care Contracting Office to develop clear lines of communication, information sharing and escalation. This has resulted in an effective supportive approach to help break the chains of transmission, maintain patient safety, and sustain dental services. The table below provides a snapshot of incidents related to COVID in dental settings and a high-level summary of Dental Public Health action.

Date range		
12/10/20-12/02/21		
Type of incident	**No. of incidents**	
Positive staff member	28	
Positive patient	25	
Surveillance Patient	10	
Advice only	9	
	72	
Dental Public Health Action		
IMT/PAG	2	
Ref to OH/HPT	6	
Risk Assessments	51	
Advice	12	
	71	*IMT considered two incidents concurrently

Part of the process has included work by PCCO to identify buddy practices for all General Dental Practices within NHS Lothian, so that emergency dental care can continue to be provided for registered patients should a practice need to close due to a COVID-19 outbreak. General Dental Practices also have a direct line of communication via PCCO for specialist Dental Public Health advice in relation to COVID issues or queries.

To date there has been no evidence of staff to patient transmission or vice versa within the health board suggesting that current national evidence-based guidelines and SOPs are effective.

Risk assessment processes have found that staff to staff transmission can occur in dental settings mainly in non-clinical areas. By working closely with practices involved in COVID-19 incidents, it has been possible to identify areas for improvement and strengthen risk mitigating measures within the practice using National Guidance and the National SOP as the basis. Any wider learning is shared with GDPs through regular email updates.

A national document with guiding principles for managing COVID-19 incidents in the dental setting is due for release and the NHS Lothian approach forms the basis of this.

Participation in the Enhanced Surveillance for COVID-19 in a Dental Setting Programme

NHS Lothian continues to participate in the Enhanced Surveillance for COVID-19 swabbing programme in the Public Dental Service and will extend to General Dental Services. This has aided Public Health Scotland to publish data from around 8000 patients demonstrating a test positivity rate of 0.6% amongst screened asymptomatic patients. This has been used as a reminder to staff to remain vigilant and continue to adhere strictly to infection prevention control measures.

The programme will now be extended to Dental Staff providing further access to testing for staff in dental settings.

Dental Staff Access to Testing

Lateral Flow Device testing will be available to General Dental Practices in the coming weeks.

Childsmile/National Dental Inspection Programme

Nationally, a pragmatic approach has been taken, in light of the ongoing situation, to delay the National Dental Inspection Programme (NDIP) until after the Easter holidays in April 2021. NHS Lothian will continue to deliver the NDIP programme in line with national guidance and standard operating procedures.

The Childsmile programme is restarting in a phased manner, supervised toothbrushing in nursery and school settings is possible where capacity allows. A return to fluoride varnish application in target nursery and school settings is anticipated in August 2021.

Optometry

The provision of face to face appointments for NHS optometry services in practices ceased on 23 March 2020. Emergency funding for the average of the previous years' General Ophthalmic services (GOS) payments was provided and practices were funded to provide remote consultations. An Emergency Eye care Treatment Centre (EETC) was established based in the Lauriston Building. When an examination was required for diagnosis of an eye condition the patient was referred to the EETC. This clinic was staffed by Independent Prescribing optometrists along with admin and nursing support provided by Eye Pavilion staff.

Volume steadily increased over the three months the clinic ran and appointments were provided within 24 hours for nearly all cases. One patient was booked per optometrist every 30 minutes.

Initially the arrangements for remobilisation of NHS optometry services were set out in a letter from the Optometry Advisor to the Scottish Government which was distributed on the 15th of June:

- Phase 1: Increasing capacity of EETCs
- Phase 2: Increasing essential eye care & starting to safely re-open community optometry practices
- Phase 3: Increasing capacity within community optometry practices for non-routine eye care
- The EETC closed in phase 2 as practices were able to provide their own face to face examinations

Routine eye care resumed in practices in August 2020. Mobile providers were still not permitted to provide any face to face examinations at that time.

General Ophthalmic Services (GOS)

Currently all community practices are open and seeing patients for all types of examination. Emergency funding continues but with a new limit: as long as a practice submits claims which add up to 20% of their average payment they are paid the average. Between 15 and 20% the Board has discretion as to whether the reason they could not meet the minimum was due to COVID-19 and below

15% they are paid only for claims submitted. Currently this has affected only a single practice in Lothian.

Since September mobile practices are able to provide all types of examination in patient's homes, or care homes with extra conditions, and continue to receive emergency funding, with the only requirement that they must be making claims.

Future remobilisation for general ophthalmic services will be guided by the Scottish Government and they have committed to continuing the emergency funding through the current phase. However, in the longer term the current arrangements of payment for provision of an eye examination (which is significantly below the actual cost of providing that service) is unsustainable, particularly when practices are not expected to be able to provide services at pre-COVID-19 volume for some time.

The Hospital Eye Service (HES)

Non-urgent ophthalmology services are also resuming but with pressure on the system due to a backlog for appointments and a significant reduction in patient volumes to allow appropriate physical distancing in clinics and waiting areas.

NHS Lothian has been working on how community practices can help by providing services to patients who were previously seen in hospital. Part of this work is diverting patients to specialist practices and seeing hospital patients in the community. The former requires primary care funding and the latter requires funding from secondary care sources. The Scottish Government are arranging a short life working group to consider this issue.

The data from the EETCs suggests that around 75% of those traditionally referred to the HES Acute Referral Clinic could be effectively seen in the community by optometrists with an Independent Prescribing qualification preventing them from having to travel to hospital, relieving pressure on the hospital and providing cost-effective treatment.

Shared care

The Scottish Government provided funding in order that community practices could support the Hospital Eye Service. So far the bulk of this has been used to provide assessments for patients with glaucoma where they cannot be seen in a timely manner.

The first cohort of NESGAT optometrists have just completed their qualification and this will allow patients to be discharged for care in the community rather than the hospital eye service.

PPE

Practices now have access to PECOS to order the PPE they require rather than being supplied at intervals which allows them to only request what they actually require or to prevent them from running out.

Planning for future waves of Covid19

It is assumed that in the event of future waves of Covid19 whatever phase of reintroduction of service has been achieved at that point may be restricted, but that practices would not be asked to close completely. If a strict lockdown was implemented again the EETC could be reopened at short notice.

Community Pharmacy

The Community Pharmacy Remobilisation Plan should be read in conjunction with Scottish Government's Achieving Excellence in Pharmaceutical Care strategy document and NHS Lothian's Pharmacy Strategy. Central themes of the remobilisation plan are:

Keeping Community Pharmacy Open

Throughout the pandemic, community pharmacies in Lothian have remained open and worked closely with other services to ensure patients continue to receive their medications safely and in a timely manner.

During periods of particularly high patient demand, some pharmacies were supported contractually to reduce their patient facing hours in a controlled manner e.g. a planned 1 hour lunch break. This provided the pharmacy team with the time and space to clean premises, re-order stock and process prescriptions received from general practice. Most pharmacies have now reverted to usual patient facing hours, but we should consider the merits of these arrangements in future pharmaceutical care services planning.

Community Pharmacy continues to follow all Health Protection Scotland (HPS) Primary Care guidance and will respond to any updates to this guidance.

Personal Protective Equipment (PPE) continues to be made available to pharmacies, arranged at the national level. Community Pharmacy contractors have reviewed their premises in accordance with guidance, ensuring 2m social distancing wherever possible, and wearing appropriate PPE including face masks.

Test and Protect has identified positive contacts within community pharmacy teams, however correct use of PPE has mitigated the effects of positive contacts on the wider teams. Support for risk assessment has been provided by the Community Pharmacy Development Team in conjunction with Test and Protect. NHS Lothian Community Pharmacy services have resilience plans in place that would enable the deployment of health board employed pharmacy staff to a pharmacy contractor if required and deemed suitable. There are robust criteria to be met and a process to follow for this agreement to be reached. In the first instance, community pharmacy contractors have their own resilience plans in place that would support the internal movement of staff and use of available locum staff to maintain key pharmacy contract locations remaining open.

Maintaining Core and Enhanced Services

Substance Misuse Services

There have been a small number of temporary adaptations to some community pharmacy services in order to maintain infection control including Opioid Substitute treatment (OST) supervision. NHS Lothian maintained other substance misuse services including Injectable Equipment Provision (IEP).

The Substance Misuse Pharmacy team are supporting prescribers and pharmacists to safely and slowly reintroduce OST supervision where appropriate. They also continue to progress the roll out of naloxone provision and have the ambition to extend this across all ADP areas this year.

Sharps and Medicines Collection

During the early weeks of the pandemic, as Community Pharmacies sought to respond to the challenges of the situation, a small number of pharmacies paused the collection and storage of patient sharps waste. These services were reintroduced once the risks had been assessed.

Home Delivery

Home delivery of medicines is not an NHS contracted service, however Community Pharmacies have worked with HSCPs to ensure the most vulnerable patients, including those who were shielding, get their medicines delivered.

Services to Care Homes

Care Homes in Lothian are well served by Community Pharmacy. In addition to strong relationships between the Care Home provider and the local community pharmacy, there are Enhanced Service arrangements to provide audit, advice and ensuring robust quality systems for the safe ordering, storage and return of medicines. The Community Pharmacy Development Team is currently revising the Service Specification, to ensure a commitment to quality systems and audit, whilst seeking to reduce the footfall upon care home premises.

Access to healthcare, right place, right time

Pharmacy First

Pharmacy First is the new national service to be launched in Scotland on the 29th July 2020. The new service has been supported by national communications, Patient Group Directions (PGD's) have been approved and a national "white-list" of products suitable for prescribing has been agreed. Patients are encouraged to visit their community pharmacy for all minor ailments and common clinical conditions including urinary tract infection, impetigo and other conditions which can be treated with self-care advice, pharmacy or Over the Counter (OTC) medicines, or referred to the most appropriate clinician. Inclusion criteria are all Scottish residents including care home residents, families of military personnel and our homeless populations. Internally in Lothian, clear engagement and communication with other parts of the healthcare system has taken place, to ensure that patient pathways are clearly defined and feedback from community pharmacies indicate strong demand for this service from patients.

Serial Prescribing

Pharmacists and their teams are well placed to provide pharmaceutical care to patients with long-term conditions. Serial prescribing is when a prescriber issues a prescription for up to 12 months with set dispensing intervals (e.g. every 28/56 days). For pharmacies, the team can be proactive in managing their workload. For patients, the prescription can be prepared before they attend the pharmacy, reducing waiting time. For the GP practice, time is saved because only one prescription needs signed in the period rather than monthly or bi-monthly and may also provide a robust pathway to support Chronic Disease Management processes.

The Community Pharmacy Development Team have worked closely with the Primary Care Pharmacy team to develop a programme of support to community pharmacists and GP practices who have indicated a willingness to utilise serial prescribing as part of their prescription management processes. The teams have identified around 40 GP practises to provide additional support to, and are taking steps to increase the number of patients in receipt of a serial prescription by 10% of the repeat list by the end of 2021. Support is provided to community pharmacy teams by the Pharmacy Champions if required.

Substance Misuse Package of Care

Community Pharmacy plays a significant role in the care of patients with substance misuse care needs. Working with the Specialist Pharmacists in Substance Misuse, we plan to enhance the care offering. We seek to remove the reliance upon supervised dispensing of ORT as being the payment mechanism for community pharmacy, towards a quality outcomes focussed model for this vulnerable group. A package of care offers an opportunity to provide naloxone therapy to patients.

Independent Prescribing Clinics

We aim to increase the number of community pharmacist independent prescriber (IP) clinics across the Community Pharmacy network. Promoting the common clinical conditions model, places the IP in an accessible place to the patient, ensuring patients can first be seen by an appropriately qualified practitioner to care for their needs.

Community Pharmacy Flu Pilot

Community pharmacies across Lothian took part in a pilot service administering flu vaccines to eligible patient groups under a PGD. So far in the pilot period over 20,000 vaccines have been administered via community pharmacies. The pilot is due to end in March after which a full evaluation will be carried out.

Embracing New Ways of Working (Digital / eHealth)

Clinical Mailboxes
Community Pharmacy already makes good use of the generic mailboxes across the Community Pharmacy network. During the pandemic, we have explored opportunities to enhance the use of these boxes, through direct to mailbox scanning of prescriptions and prescribing intentions from GP / LUCS / Dental and Optometrist prescribers. As a priority we need to ensure that there is a smooth transition from nhs.net to Office 365.

Emergency Care Summary (ECS).
Community Pharmacists were equipped with access to the Emergency Care Summary at the outset of the pandemic and this is enhancing the safety and quality of the pharmacist service in the out of hours' period. We need to build upon the success of this access to appropriate clinical systems, by considering wider access e.g. to TRAK, and other systems that may give scope to increase the use of PGDs and delivery of other services including Pharmacy First and patient monitoring.

Near Me
A small number of community pharmacies in Scotland have been approached to pilot and evaluate the use of Near Me technology. There hasn't been the anticipated uptake (eg. out of 300 Community Pharmacy Waiting Areas created, they only received 2 calls in a week). The National Near Me Team is continuing to facilitate this work.

Electronic Prescribing
Electronic prescribing removes the reliance upon "wet signature" paper prescriptions. The benefits of such a system are plentiful, including quicker processes, increased audit and reduced travel and footfall for patients. Pharmacy services have begun conversations with the GP Sub-committee to progress this work at pace and consider the range of clinical settings where prescriptions could be generated including the hospital outpatients departments where Modern Outpatient initiatives are

being progressed. Further progress is being made under the NHS Lothian Hospital Electronic Prescribing and Medicines Administration (HEPMA) programme.

Flu Vaccination Planning

The flu vaccination programme for 2020/21 is currently finishing the mop up stage. Uptake was higher across all groups than in previous years (full year data will be available in 2021/22).

There was partial removal of vaccination from general practice.

Looking ahead there must be 100% removal from general practice before the 21/22 flu programme. There is a need to learn the lessons from the new models put in place in 20/21 and from the mass approaches implemented for covid vaccination.

NHS Lothian will review these issues and develop a plan by June 2021.

Emerging Risks and Themes: IT Support
Risk of inadequate eHealth hardware and infrastructure development of remote solutions to service delivery is limited by historic underfunding in both hardware and capacity across primary care. New technologies need to be further utilised across practices, supported by investment in kit and infrastructure and accompanying training. A key programme of work has been approved in NHS Lothian accelerating IT hardware replacement across the estate to ensure no device is > 5 years of age during 2021/22. This is in addition to the established annual PC replacement programme.

11.2 East Lothian Health and Social Care Partnership

Continued support for COVID-19 Hubs/ Community Hubs and Assessment Centres

All East Lothian Community Hospital (ELCH) Wards currently operate at the Amber level. Systems are in place to move Ward 3 to Red should a cluster of COVID-19 positive patients present.

Due to the flexible ward layout, bed capacity can alter to respond to acute sector or community need. This has been tested, with 8 additional beds opened in ward 6. Bed numbers will increase when more staff come on-stream.

The Endoscopy and Outpatients departments continue to operate at Amber level and with reduced appointments (to allow for additional cleaning and COVID-19 compliant separation between patients). Capacity is managed in line with COVID-19 guidelines ensuring physical distancing for staff and patients is maintained whilst maximising capacity and activity and ensuring PPE usage.

Plans are in place to expand face-to-face patient attendance at Outpatients when circumstances allow. Currently most clinics run with one face-to-face appointment, with the majority of follow-up appointments utilising ‘Near Me’.

One way patient flow arrangements and additional waiting areas are in place to maintain social distancing when face-to-face activity increases.

The PPE HUB in the hospital will run beyond March 2021, to maintain provision of supplies to Social Care.

Lateral Flow Testing Kit coordination will operate for Health and Social Care from the East Lothian Community Hospital LFT Hub

ELCH is managing the public COVID-19 vaccination programme and runs a vaccination clinic within the hospital. This may continue into late autumn 2021.

Continued professional oversight and support for Care Homes and Care at Home services and provision of mutual aid

The well-established East Lothian Care Home Team continues to provide first contact Nurse Practitioner support to care homes in the county, responding to acute illness, providing anticipatory care and long-term conditions management as well as education input and advice to the Care Home staff, so directing activity from GP practices, reducing admissions and supporting discharge from hospital.

The team continues to provide professional oversight and tailored support for Care Homes to assist them in delivering safe and effective care to residents.

The Care Home Team has played a key role in the management of COVID-19 in East Lothian care homes over the last several months, in responding to outbreaks and in the completion of the administration of first COVID-19 vaccinations in recent weeks.

The Care Home Team continues to liaise with the Lead GP practice covering each Care Home for advice on medical management of individual residents in line with an agreed local SLA and a Lothian-level LES.

The HSCP pharmacy team has developed strong links with the Care Home Team, with a view to delivering care home polypharmacy reviews, to ensure prescriptions for residents provide clinical benefits.

Governance for the Care homes continues through the HSCP Chief Nurse in line with Scottish Government instruction of 17/5/2020. East Lothian Care Home Operational Group continues to manage Care Home occupancy, staffing, infection control and outbreak status.

Provision of enhanced community support to support home care and avoid hospital admission e.g. hospital at home, enhanced community nursing and AHP and social care support

The HSCP continues to utilise capacity in East Lothian Community Hospital to maximise patient flow. The flexibility of bed provision and the work of the Hospital to Home and Hospital at Home Teams and coordinated discharge planning continues to support admission avoidance and to deliver good delayed discharge performance, while meeting patient care needs.

We continue our work with patients and relatives to embed the 'Home First' philosophy as we move towards establishment of nurse-led discharge.

Provision of enhanced community support to support home care and avoid hospital admission is provided through Hospital at home services, hospital to home, enhanced community nursing and AHP services which all contribute to ensuring that hospital admissions are avoided.

Rehabilitation Services

As noted in the preceding Remobilisation Plan, rehabilitation services are key to maintaining independence, keeping people out of hospital and reducing pressures and costs on all parts of the Health and Social Care system. Rehabilitation services must continue to adapt to respond to increasing demand and increasingly complex need in a growing and aging population.

Most recently, East Lothian Integrated Rehabilitation Service (ELIRS) have directed planning towards delivery of community rehabilitation post-COVID-19, for those whose function is affected by long periods of enforced isolation at home and people living with COVID-19-related difficulties, which can be physical, psychological or cognitive in presentation.

Due to prioritisation of urgent cases during the initial period of lockdown routine issues have increased in chronicity and severity.

Long COVID-19 (and Post-COVID-19 Rehabilitation)

A short life working group with Physiotherapy, Occupational Therapy, Speech and Language Therapy, Technology Enabled Care, Mental Health (Nursing, CWIC service, Occupational Therapy, Physiotherapy) and Dietetics representation is developing an evidenced based and multidisciplinary team supported post-COVID-19 pathway in East Lothian.

To evaluate the approach, funding for a test of change for one year for an Advanced Practitioner Occupational Therapist has been provided by East Lothian Health and Social Care Partnership. One aspect of their role will be to coordinate the pathway, as well as providing patient-centred rehabilitation, reflecting the demographic of people experiencing post-COVID-19/Long COVID-19 difficulties.

The pathway will establish collaborative working between services, including development of informal advice and guidance. It will deliver:

- Sharing of assets to create a resource pack for clinicians and patients, to include a post-COVID-19 directory
- Mapping of the patient journey to identify current and potential pathways, access routes and sign-posting to other services, including referral routes back into services, using a 'request-for-assistance model' to provide a single point of access for the public
- Identify competencies, training needs and in-service training for staff across all services to ensure equity of knowledge and resources

ELIRS continues to develop a variety of interventions to ensure it can respond appropriately to patients with post-COVID-19 issues, including 'Long COVID-19'. Since March 2020, developments have:

- Established a 'Fundamental Rehabilitation' programme; enabling remote delivery of graded exercise
- Embedded the use of the 'Alcuris' lifestyle monitoring tool within our integrated cluster model (including the Discharge to Assess pathway)
- Increased use of 'Near Me' consultations
- Embedded use of video conferencing and mobile devices for staff communication and treatment planning
- Prepared electronic rehabilitation packs
- Procured and embedded use of e-tablets on inpatient wards at East Lothian Community Hospital
- Increased 'self-installation' of telecare alarms
- Increased use of the Health Independent Living Daily Activities (HILDA) digital platform

- Established a post-COVID-19 SLWG to create a pathway for post COVID-19 patients in East Lothian
- Implemented the MSK phone line using the request for assistance model

The service continues to build on these developments by:

- Developing a service wide 'Request for Assistance' pathway
- Developing the Fundamental Rehabilitation programme through inclusion of education and advice to increase its versatility as a progression from 1-1 therapy contact and an exit strategy
- Beginning a test of change in February 2021 to implement the Request for Assistance model for Community Occupational Therapy
- Seeking to establish an Advance Practitioner Occupational Therapist to co-ordinate the post-COVID-19 pathway in ELRS
- Extending a SLWG remit to create shared resources and inter-professional referral, as well as education for staff
- Investigating the potential use of the ARMED tool as a predictor of change in function

This further develops service plans to embed Technology Enabled Care (TEC) in all AHP services and to provide access for patients to remote working Advanced Practitioners using the 'Near Me' platform and via telephone.

Mental Health Physiotherapy

The team is currently fielding urgent referrals face-to-face, with remote options offered to routine patients. Exercise therapy has contracted to provision on a 1:1 basis, resulting in a waiting list for access. As restrictions are removed, it is anticipated the waiting list will quickly diminish.

PACE – Exercise Therapists

Urgent referrals are seen on a 1:1 basis, with routine referrals offered a telephone or 'Near Me' review and with Exercise Fundamentals (a remote asynchronous course) provided.

Pain Management

The HSCP pharmacy team is considering its arrangements to improve pharmaceutical input to the East Lothian pain programme.

Discussions continue on the best way to deliver specialist pain management for patients who are recovering from Coronavirus, have NB central sensitisation and with pre-existing complex health co-morbidities who are experiencing the secondary effect of increased pain due to sedentary behaviours during self-isolation.

Social Care Packages fully re-mobilised

Delivery of adult social work input continues, primarily by telephone and video conference, with any need to conduct face-to-face appointments limited to statutory and urgent assessments along with initial assessments where possible. These are risk assessed on a case-by-case basis and with all standard infection control measures in place and PPE used in line with guidance.

Where direct care provision requires face-to-face contact, this only happens following risk assessment and with staff using PPE, in line with guidance, to ensure the safety and wellbeing of all concerned.

The Social Work Team monitors capacity weekly, including waiting lists for assessment and allocation. East Lothian initially experienced a 30-40% reduction in referral demand for social work assessment and services during April- May 2020. However, this has markedly increased and is now at pre-pandemic levels. The Team continues to hear of concerns from informal carers about the ongoing strain of supporting relatives in the lockdown period and concerns about flexing care and making care arrangements when lockdown lifts and normal working life resumes.

It is anticipated that additional staffing will continue to be required to facilitate the social work contribution to the Care Home governance and support activity. This has included participation in Supportive Visits to each Care Home with health colleagues. A planned programme to carry out a review for every care home resident will require additional social work resource, as may review of individuals whose previous functioning has reduced following COVID-19 infection and/or shielding.

There remains some concern about ongoing capacity in the team, if the need for rehabilitation and care manifests for those people who have been at home for long periods due to shielding, or have reduced functioning after experiencing COVID-19.

Work continues to adjust care to clients to reflect the reduced availability of day care/day support.

The team has continued to support care providers to assist them in adapting to COVID-19 related strictures, to ensure their viability and to ensure their staff remain available to provide care to clients.

Response to Independent Review of Adult Social Care

The Review report will be discussed at the East Lothian IJB on 25th February, with a view to agreeing how best to assess the impacts of all the recommendations relevant to the IJB and to services and their delivery in East Lothian. It will also be considered at an appropriate meeting by the HSCP Senior Management Team. A formal report will be presented to the IJB on completion of the assessments.

11.3 Edinburgh Health and Social Care Partnership

The Edinburgh Health and Social Care Partnership (EHSCP) continues to prioritise support to the national COVID-19 response including the recent vaccination programme. Maintaining flow across the system and creating capacity in hospitals is also a key priority as well as maintaining the highest standard of care possible at the point of need in these challenging times. The EHSCP Route Map Board, which had been overseeing our remobilisation and recovery process, has been suspended due to the current lockdown but will be re-established once restrictions begin to lift. We continue to work closely with our partners the City of Edinburgh Council (CEC) and NHS Lothian (NHSL), as well as our service providers.

Despite the pandemic, work progresses in our transformation programme and planning has started on our next strategic planning cycle. Lessons learned from the COVID-19 pandemic and recent publications such as the Poverty Commission Report and the national Derek Feely Review of Adult Social Care, are all being considered as part of the process.

On request, EHSCP lead commissioners are liaising directly with NHSL colleagues to support the remobilisation plan refresh.

Care Homes

There are 67 care homes in the City (9 internal). In response to Scottish Government guidance on Care Homes, Problem Assessment Groups (PAGs) and Incident Management Teams (IMT) were set up to support the EHSCP response team, in partnership with NHSL Public Health and Health Protection colleagues, to provide direct support to all our care homes. The Edinburgh Care Home Oversight Group (ECHOG) meets three times per week and continues to provide a platform to address issues through deployment of the local specialist resources such as the Edinburgh Care Home Support Team, and Residential Review Team, as well as for escalation of any issues to the Strategic Oversight Group, or to Scottish Government as required.

The ECHOG has also:

- Delivered a programme to deliver assurance visits in all care homes and care plan reviews as directed by Scottish Government
- Daily Safety Huddles (Rapid Rundowns) continue to review progress on staff and resident testing and staffing and infection control issues
- Commenced weekly summary reporting of COVID-19 testing providing information on staff and resident testing numbers and testing route

In addition, there is considerable communication and engagement with care home providers. This includes regular engagement sessions with providers to provide support in relation to PPE, Test and Protect, national guidance and other related issues as they arise. A team has been stood up to prioritise and consider claims received from care homes – reflecting the challenges that they have experienced during the pandemic – significant income loss as well as expenditure. For any providers in acute crisis we have a mechanism agreed to facilitate emergency payments within 48 hours.

A Care Home Transformation Board for CEC care homes has been set up which folds into the overall EHSCP transformation programme. The aim remains to ensure appropriate balance in the bed base across all care home and bed-based capacity and to have in place Intermediate Care Facility capability to support flow from both the community and from hospital. Work is underway in relation to this under the ongoing Bed Base Review and link to the Care Home Transformation Board. Our engagement over the COVID-19 period with external care home providers enabled strong partnership work and this will remain a feature of how we develop an appropriate bed base in relation to remobilisation, winter and potential future COVID-19 surges.

Care at Home

Care at Home Pre-COVID-19, equated to c.105,000 hours of home care per week delivered by a combination of a small (15% market share) in-house care at home/enablement service and around 94 external providers. The EHSCP Mobilisation Plan April 2020 set out options to purchase all available homecare; increasing the number of providers working with us to include those private homecare providers not on our contract framework, as well as purchasing on a temporary basis 'Safehaven' beds in private care homes to support people out of hospital.

Just prior to the second wave of COVID-19, commissioned hours were on an upward trajectory, c.116,796 hours of home care either commissioned or delivered internally. As at 8 February 2021, following a slight dip during the second wave (and aligned to winter pressures), provision is now back on an upward trajectory and currently sitting at c.115,290 hours weekly. An additional 8 'Safehaven' beds were recently purchased to facilitate interim placements on a rolling monthly basis and help address delays.

The scoping of a One Edinburgh programme was supported by the Scottish Government and facilitated by Price Waterhouse Cooper in May 2020. The One Edinburgh approach to commissioning a new care

at home contract is currently being co-produced with providers following a Prior Information Notice (PIN) that was published in November 2020. The project sits within the Homebased Support project in the Transformation Programme and new arrangements should be in place by January 2022 that will deliver greater sustainability and better utilisation and optimisation of existing capacity through a collaborative, partnerships contractual model. Further work is being undertaken in the interim to improve service matching, including the recruitment of four locality 'Unmet Needs Officers' and wider membership of weekly locality meetings, expanded to include more providers and promote solution focused matching of packages.

Delayed discharge

The position with delayed discharges in Edinburgh has remained stable despite significant restrictions to admissions from hospitals to care homes and Intermediate Care, Rehabilitation and HBCCC beds due to COVID-19 outbreaks.

We have continued to purchase and expand our interim bed capacity within three care homes across Edinburgh: Northcare Manor (6); Northcare Suites (28) and Trinity (5). We have also increased Intermediate Care beds by 10. Winter funding (or delayed discharge funding) has been utilised to enhance key Home First pathways such as Discharge to Assess, Hospital at Home, Social Work assessment/ Intermediate Care Navigation, Home First Therapy, as well as Community Respiratory Services and Long COVID-19 rehabilitation.

In tandem, a single point of contact has been established within the Flow Centre for 4-hour urgent care pathways. Within the transformation programme, the Home First Project Board is commencing work on hospital and community pathways improvement and Planned Date of Discharge. In January 2021, the City of Edinburgh's Delayed Discharge rate fell below the Scottish average for the first time since reporting began.

Rehabilitation (hospital based)

Hospital bed-based rehabilitation is delivered by EHSCP via an intermediate care facility (ICF) model and as part of the hosted rehabilitation service which is managed by EHSCP on behalf of all Lothian HSCPs and for some non-Lothian patients, particularly in the neurorehabilitation and amputee rehabilitation services.

From March 2020, we increased our ICF capacity to now provide ICF from Liberton Hospital and Fillieside Ward in Findlay House. The core capacity is 64 beds, with an extra 10 beds opened at Liberton Hospital to support winter pressures. ICF is primarily for older Edinburgh citizens who are unable to be discharged directly from acute services and require bed-based rehabilitation. Anyone being considered for ICF are reviewed by the Home First team in the first instance and only if they are unable to be discharged directly, are they considered for admission to ICF. From January 2021, a Home First Navigator has been allocated to the ICFs working directly with the clinical Teams to encourage the Home First Edinburgh model, support early discharge planning and identification of any potential barriers to discharge. Pathways into and out of the ICFs are continually reviewed to make best use of the resource and support flow.

The hosted rehabilitation service is based in Astley Ainslie Hospital and provides neurorehabilitation as well as amputee, orthopaedic and general rehabilitation for adults, mostly of working age but not exclusively. The service put plans in place for additional capacity should there be a surge of demand for post-ICU / post-COVID-19 inpatient rehabilitation, but this did not materialise in either the first or second wave. Any patients requiring inpatient rehabilitation are accommodated in the existing bed

capacity. Rehabilitation medicine consultant inreach continues into the acute hospitals to offer early support and advice into patients' care with early identification of those who may require further specialist rehabilitation input.

In addition to the inpatient services at Astley Ainslie Hospital there are outpatient services including neurorehabilitation, cardiac rehabilitation, pain management, ME-CFS (Myalgic Encephalomyelitis - Chronic Fatigue Syndrome) rehabilitation, amputee rehabilitation and those provided in the SMART (South East Mobility and Rehabilitation Technology) Centre such as prosthetics, orthotics, and the wheelchair and seating service. These services have remobilised using a blended approach of 'digital first' such as telephone, Near Me or Webinar consultations and essential face-to-face (F2F) contact.

Rehabilitation (community based)

Community Based Rehabilitation services continue to deliver services in line with local mobilisation plans and taking into consideration the priorities of Home First principles.

Face to face (F2F) appointments with necessary safety measures in place have and will continue to be offered when indicated by clinical need. A significant proportion of activity has been via alternative methods, namely: Near Me, telephone and enhanced online self-management resources. Group work is now being undertaken successfully in a virtual form for Pulmonary Rehabilitation and Pain Management Programmes.

Several community rehabilitation services are supporting people with Long COVID-19 rehabilitation. This is coordinated through the EHSCP Post COVID-19 AHP Rehabilitation SPOA (Single Point of Access) and accepts referrals broadly from primary and secondary care.

Community Vaccinations

EHSCP is actively supporting the national vaccination programme in line with JVCI guidelines. The EHSCP community COVID-19 vaccination programme commenced in EHSCP on 15 December 2020. There are three elements in the programme:

- Care home residents and staff
- Health and social care eligible staff as per JVCI guidelines
- People living in the community who are unable to attend mass vaccination sites due to health status

Within Edinburgh care homes, all eligible residents and staff were offered first dose vaccinations by 31 January 2021. A follow up is planned in mid-February for those care homes delayed by COVID-19 outbreaks. The second dose vaccination will run from 22 February to 4 April 2021.

EHSCP vaccination clinics for staff meeting JCVI eligibility ran from 15 December 2020 to 31 January 2021 across three sites. Astley Ainsley Hospital, Liberton Hospital and Sighthill HC with 4880 staff vaccinated. Additional first vaccinations for eligible health and social care staff will be delivered via mass vaccination sites. The second dose vaccinations will run from 15 February to 13 April 2021 with a new clinic at Liberton Hospital inviting those from the previous three sites to attend.

For those people living in the community who are unable to attend mass vaccination sites due to ill health, a home visiting vaccination service is provided. Initially for the over 80s moving to the over 70s and others considered extremely vulnerable. Both doses for these priority groups are planned to be completed by 5 April 2021.

Staffing for the community vaccination programme has been in the main from current EHSCP nursing staff moving from their currently post or volunteering to do extra hours or through the staff bank. The programme has been supported by others in the organisation and externally, including administrative staff, estates, domestic, and portering, pharmacy and transport providers.

Primary Care

The Edinburgh Primary Care Support Team (EPCST) continues to respond to EHSCP, NHSL and Scottish Government direction and guidance. Whilst remaining accountable to EHSCP, the team co-ordinates actively with the primary care functions of other Lothian HSCPs through the weekly Lothian Primary Care Tactical Group. Primary Care has continued to function throughout the pandemic, turning physical visits into telephone support on an enormous scale, with an estimated 170,000 telephone appointments being delivered by Edinburgh practices each month. As predicted, the balance between F2F and telephone appointments is shifting gradually more towards F2F.

The EPCST continues to respond to practices questions, concerns and suggestions, and issues a regular practice update seeking feedback on set topics. Working with the support of Medical Practices and Community pharmacists, we were able to deliver the adult flu vaccination programme to c.100,000 people across the city from late September into November 2020. The EPCST have helped Practices to undertake risk assessments and then to reorganise and/or adapt their premises to minimise risk of infection spread to patients and staff and to adjust their ways of working with new technology. In addition, the 'small schemes' using a combination of local and Scottish Government funds, reached a significant number of practices again this year. Our major capital projects have continued to progress with one now in construction and another scheduled to begin in June 2021. The local distribution network for PPE, which we put in place to help us with variations in national supply, has now been replaced by established systems.

The EPCST priority over the November 2020 to March 2021 period continues to be the support being offered to the COVID-19 vaccination programme. This has included establishment of five local vaccination clinics across the City which are offering local access for Edinburgh's more vulnerable population.

Edinburgh's Primary Care Implementation Plan (PCIP) has continued to be implemented during the pandemic, with an additional c47WTE employed and embedded across City practices during 2020/21.

The additional needs of vulnerable groups and the additional impacts on mental health, substance misuse, chronic disease management and poverty are core considerations for many city practices. Our Public Health Practitioners have actively supported the local Third Sector forums throughout, and our Community Link Workers are embedded between the Third Sector and specific practices. Support for Food Banks and a previously strengthened Welfare Rights Network are two specific examples of where Primary Care has worked to alleviate some of the most obvious impacts of poverty. The longer-term implications will be considered with consequent adjustments to the PCIP. We anticipate more emphasis on encouraging the strong partnership working which has characterised the response to COVID-19 to date. Health seeking behaviour is likely to have changed in the population. Primary Care has a major opportunity to try to capture the opportunities, whilst managing the elements of increased demand and the consequences of delayed and reduced access to healthcare over the pandemic period. Mental health is around 30% of total primary care workload (i.e. principal topic for c.600,000 consultations each year) and practices are reporting an increase in this proportion from the third quarter of 2020. We will work with our practices to understand this better and what more can be done to support the communities we serve.

Mental Health

The Edinburgh Thrive four locality based Welcome Teams have been established during the COVID-19 pandemic. The enactment of Living Well Systems in Edinburgh currently consists of four locality-based multi-agency and multi-professional Welcome Teams that deliver holistic mental health and wellbeing support to people and connect them to other resources and support in the community wherever possible. The multi-agency Welcome Teams are currently supporting people who have been referred to the Locality Mental Health Services by their GP. People are given choice and control over the work they do with the Welcome Team using tools such as the Thrive Plan.

The Thrive Exchange has been established. It brings people together to collaborate and support one another and to change practice through evidence, harnessing the breadth of knowledge and expertise we have in Edinburgh, building a sustainable research culture and promoting the role of research and development. Bimonthly seminars have been established with the first taking place in December 2020.

Work is progressing on creating an Urgent Mental Health and Distress Care Service which will have a shared referral pathway. It will retain the statutory function of providing urgent mental health assessment by experienced mental health nurses. These nurses will be joined by other staff called 'Navigators' employed as part of the Thrive Collective, whose role will be complementary. Focussing on alleviating and containing distress and linking people to appropriate support, thereby releasing the mental health nurses to focus on areas where their specialist expertise can add most value.

The 'Place to Live' work stream focuses on ensuring that people with mental health problems have a safe place to call home in which they feel safe, receive the support they need and can connect to and be part of their local community. This work is closely aligned to the strategic principles of Home First and seeks to minimise institutionalisation, maximise community provision and ensure that when hospital care is required, it is a safe and therapeutic experience, which reflects the person's needs, levels of acuity and functioning. Supported accommodation including visiting support services are essential services to people with complex mental health needs. These services enable people to move on from hospital and live in a place in the community. It helps them with their recovery and with the improvement of their personal outcomes if they have a place to live that is supportive and a base for meaningful activities including work and volunteering opportunities.

A new rights-based care partnership was formed in December 2019. This has representatives from advocacy organisations, academics, Police and health and social care. This group agreed to work together to hold a rights-based care partnership symposium in October 2020. The objective of the symposium was to identify concrete ways in which this rights-based approach could be operationalised in the delivery of health and social care for people with lived experience of mental illness, personality disorder, learning disability, autism and dementia.

Adult Community Mental Health Services. The EIJB supported the sign up to the Royal College of Psychiatrists Standards for Adult Community Mental Health Services (ACOMHS) [1]. This is an accreditation programme which works with staff to assure and improve the quality of community mental health services for people with mental health problems and their carers. Accreditation assures staff, service users and cares, commissioners and regulators of the quality of the service being provided. It engages staff in a comprehensive process of review, through which good practice and high-quality care are recognized, and Teams receive support to identify and address areas for improvement. The programme has involved service users and carers as a priority, and people with first-hand experience of using community mental health services have been encouraged to get involved in all stages of the development process. There has been a delay in commencing this work due to COVID-19. The intent is to recommence this initiative in Spring 2021.

We continue to publish regular Thrive Edinburgh Briefings which are disseminated widely and feature information and resources on all the wider social determinates of health and wellbeing.

Risk

EHSCP continues to identify and mitigate risks which are then reflected in the respective EIJB, CEC and NHSL risk registers. Active resilience planning continues through scenario-based planning which takes account of lessons learned from the COVID-19 response.

The main decision-making structures during the pandemic remain centred around the operational control provided by the Command Centre, to the EHSCP Incident Management Team (IMT) for higher level direction, the ECHOG in relation to care homes and the COVID-19 vaccination IMT to support the vaccination programme. The EHSCP Route Map Board which manages the return/remobilisation of services is currently suspended due to lockdown restrictions. Risks arising through these structures are managed and mitigated accordingly.

Transformation

Our transformation programme continues to be one of the key mechanisms through which we will deliver on the ambitions set out in our Strategic Plan 2019 – 2022.

In January 2021, following the recruitment of some additional project management resource, we launched the second phase of the programme, bringing several additional projects onstream. These projects include:

- A focused piece of work to strengthen supports and services in the community for those with dementia and frailty
- Our community mobilisation project, which seeks to build on the lessons learned throughout COVID-19 and develop new ways of supporting and investing in third sector and community supports
- Our Future Focused Infrastructure project, which will work with housing developers and other key stakeholders to set out a clear infrastructure strategy for the EIJB
- The redesign of our current Medical Day Hospitals model, as part of a spectrum of community-based services and supports to help keep people at home and avoid unnecessary hospital admissions

In addition, we continue to push ahead with key transformation priorities, including the development and enactment of our Edinburgh Pact, the continued roll-out of the 3 Conversations model, the embedding of our Home First model (including the redesign of urgent care pathways) and the creation of our Bed Base Strategy. Extensive engagement has taken place in recent months with providers regarding the redesign of our over 65s care at home contract. This key project is on track to deliver a new, innovative contract focused on partnership working, collaboration and improved outcomes for people, in line with the priorities recently outlined in the Independent Review of Adult Social Care.

11.4 Midlothian Health and Social Care Partnership

Midlothian Health and Social Care Partnership (HSCP) serves a population of 91,340. Midlothian HSCP acknowledges its joint work with core partners, notably NHS Lothian and Midlothian Council but also organisations that form the Midlothian Community Planning Partnership.

Care Homes

Midlothian has 10 older people's care homes, 2 of which are HSCP-run one of which being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent family care homes. A further private care home closed in January 2021 following a serious outbreak of COVID-19 19.

The HSCP continues to build on relationships across the sector to deliver support in line with the Scottish Government guidelines on enhanced professional, clinical, and care oversight of care homes (May 2020). A HSCP Assurance Group was established and is chaired by the Chief Nurse, meeting daily for a rundown on each Care Home to discuss any issues that have arisen and consider any support required. Representative(s) from the Midlothian HSCP are in daily contact with our Care Homes and host a weekly support huddle at which managers from all older peoples' Care Homes participate. NHS Lothian Public Health Protection Teams provide leadership and direct support to Care Homes where there is an identified outbreak or other high risk. As part of the HSCP assurance model each Care Home completes a daily tool –TURAS which requires information submitted on issues such as Personal Protective Equipment (PPE) availability, staffing levels, COVID-19 outbreak, COVID-19 related deaths, testing and infection control measures. Each care home also receives a daily call from the Care Home Support Team as well as a weekly visit. If a care homes has an outbreak of COVID-19 it will receive daily visits from the Care Home Support Team to provide support to staff and assurance to both the home and the HSCP that all residents are well looked after and the home is complying with all infection control policies and procedures.

The Care Home Support Team has increased its capacity and now includes a dedicated Team Leader, Community Psychiatric nurses, an Occupational Therapist, general nurses, a Palliative Care nurse, a Quality Assurance officer, Social Workers, and improved links to Dietetics. The team provide both a proactive and preventative support approach as well as a reactive response where care homes are in need of additional support/advice/training.

Midlothian District Nurses and the Care Home Support Team now provide 7 day support to local Care Homes from 8am to midnight. Staff training, will continue to be prioritised, as will work on the clinical support worker model. Each Care home has a live resilience plan. Care Home visiting however is restricted to essential visits only during lockdown however once restrictions are lifted and visiting reinstated, Lateral Flow Testing (LFT) will be in place to test all visitors to continue to minimise risk to residents and staff in the care homes.

Midlothian HSCP continues to work closely with partners including Midlothian Council, NHS Lothian, the Care Inspectorate and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for 2021.

Care at Home

Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place; in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP, working collaboratively with five external providers. All six services work in partnership to coordinate the provision of over 36,664 hours of care per month. Carer recruitment and the geographical cohorting of carers has improved consistency of care and service efficiency.

Midlothian HSCP has a "Vision for Care at Home" approved by the IJB in February 2020. This includes plans to increase care at home capacity and an approach to commission for outcome focussed/person centred care. During COVID-19, client reviews are being conducted over the phone where possible,

and this will continue into the near future. In order to increase the service capacity and reduce staff travel, the service introduced 6 geographical areas and allocated staff into areas they live in. As well as reducing travel this also reduced the risk of spread and contraction of COVID-19. The Midlothian HSCP continues to increase Care at Home staff compliment to support COVID-19 related impact.

The Care at Home service is also highly focusing on the Human Rights Framework, working to ensure that people have individualised support, are supported by a highly skilled work force, are fully informed and involved in their care provision and having a key point of contact.

The Midlothian Care at Home service is constantly striving to improve service provision and customer satisfaction. A recent Inspection demonstrated results in improved grades (all 4) and no requirements. Care at Home is also increasing partnership work with other community services such as The Red Cross, Volunteer Centre and a range of community activities to keep people connected with their communities to minimise the risks of loneliness and social isolation.

Improving patient flow

Midlothian's USC Action Plan 2020-22 was updated January 2020 and continues to evolve. It demonstrates the increased emphasis on prevention and early intervention while outlining plans to develop a more coherent system of services that link directly to Acute Hospitals. The 2019-22 Plan describes activity to reduce unnecessary admissions to hospital or A&E, to ensure that people get home from hospital as soon as they are fit to do so, and to expand community provision. The plan acknowledges the impact of COVID-19, both in the short and long-term.

Significant work has been undertaken within Midlothian HSCP to maximise capacity within community Teams and a Home First approach has been embedded. This includes significant investment. Multiple small community Teams within the partnership were brought together to deliver the Home First approach which has released clinical capacity and allowed more people to access the care they require in the community rather than in hospital settings. Clinical pathways have been developed, there has been an increased focus on realistic medicine and good conversations, and increased clinical leadership. In December 2021 Midlothian introduced a Single Point of Access at the Flow Hub to triage people and direct them to the most appropriate service. Referrals are accepted from the Acute Flow Hub, acute hospitals, GPs, Scottish Ambulance Service, social care Duty Team and the Care at Home service. Hospital at Home continues to provide a key service. There is now seven day cover for the Home First model. Services continue to review and adapt to improve outcomes for Midlothian people.

Significant changes to the configuration of Midlothian Community Hospital have been made in response to the COVID-19 pandemic. Additional beds were opened in January 2021 to increase step-down options and improve patient flow from acute hospitals, primarily The Royal Infirmary of Edinburgh. Midlothian Community Hospital is also serving as a COVID-19 Vaccination Centre.

Unpaid Carers

The pressure that unpaid carers are experiencing as a result of the pandemic is recognised by the Partnership. Overnight respite services have been temporarily postponed at Highbank, Midlothian's intermediate care facility as these beds are being used as 'step-down' for people leaving acute hospitals. Alternative (day) respite opportunities are being offered where possible and short break funding was increased temporarily but opportunities are limited due to current restrictions and concerns around infection transmission. The lack of overnight respite is an issue. Discussion is underway around a proposal to offer respite at an extra care housing facility.

The role that unpaid carers play is crucial and it is essential that they are supported. Not providing appropriate support to carers risks increased pressure on HSCP care services. Midlothian has supported their recognition as key workers and will continue to works with third sector partners in this regard.

Rehabilitation and Support to People to Stay Well at Home: AHP

AHP have worked flexibly to support the immediate crisis, e.g. working in the PPE hub and COVID-19 Assessment Unit and providing care across their locality or treatment Teams. Some AHP services were halted as a result of government guidance, e.g. MSK Physiotherapy and Weight Management, so these staff were deployed to areas of highest clinical need. AHP have also been trained as PPE Face Mask fitters and COVID-19 vaccinators. Midlothian's AHP services are now embracing a digital first approach with investment in laptops. Services are mobilising rapidly to meet the changing needs of patients at risk of COVID-19, those who have COVID-19, and those recovering from COVID-19.

Rehabilitation and Support to People to Stay Well at Home: Dietetics

Dietetics have focused on improving access to services for those affected by COVID-19 and using digital technology where patient care has been affected by closure of outpatient clinics, and group venues. Telephone and use of Near Me video conferencing is the first response as recommendations to prevent home visits where possible and limited access to care homes. The service has identified the need for additional equipment to support self-management with a successful ELHF grant bid to purchase scales for patients and a bid to Connect Scotland for additional laptops for patients.

Treatment of malnutrition according to an evidence based pathway has been key to managing people with COVID-19. Inpatient requests/referrals continue to be based on use of MUST malnutrition universal nutritional screening tool and have been actioned as priority to address rapid weight loss resulting from COVID-19 infection. Patients discharged from hospital have been supported remotely by use of Near Me and telephone. The HEALTHCALL system has been in use to allow patients to report their Dietetic results and use of oral nutritional supplements. All face to face attendances have been COVID-19 risk assessed before home visits or clinic appointments made. Access to care homes is limited so Dietetics rapidly digitalised the nutritional care training into a video issued to all care homes with telephone support.

Treatment for type 2 diabetes prevention, early intervention and remission have been focused on treating those most at risk e.g a digital pathway has been introduced for gestational diabetes preventing women from hospital attendance, also using Near Me and Dietetics continue to provide intensive Dietetic support for Counterweight Plus treatment which has resulted in remission of type 2 diabetes.

Weight Management services have been severely affected by closure of leisure facilities. Our tiered model of care for weight management includes a Service Level Agreement with Sport & Leisure and this has not been available to offer local Tier 2 interventions. All venues for Tier 3 weight management assessment and interventions have either closed or health facilities withdrawn. Face to face weight management services have been halted as per Scottish Government Community Treatment Recommendations and waiting times are now well in excess of 1 year. Dietetics is working on a mobilisation plan which requires a blend of digital and face to face with new intervention models using a digital first approach. Whilst Near Me is suitable for one to one consultations, it is not suitable for group programmes as part of a weight management service so a digital solution through NHS Lothian eHealth team is awaited. A waiting list action plan is being prepared as treatment of obesity and type

2 diabetes (co morbidities that influence COVID-19 recovery) is now essential for Long COVID-19 rehabilitation.

Rehabilitation and Support to People to Stay Well at Home: Occupational therapy

Occupational Therapy is part of a range of Teams providing rehabilitation across Midlothian, including Home First, Midlothian Community Hospital (both older people physical and mental health), community mental health, substance misuse and Justice programmes.

Rehabilitation is a core intervention for Occupational Therapists; with a focus on enabling individuals to attain their maximum level of independence, functional capacity and return to everyday occupations – self care, productivity (domestic and work) and leisure. It is person centred and outcome focused.

There is no dedicated Occupational Therapy team set up specifically for Long COVID-19 at present, and patients are being absorbed into existing Teams. However this is being monitored. There is growing evidence to indicate that there is increasing need for support to patients with more complex physical and mental health with Long COVID-19 symptoms and especially around return to work / vocational rehab.

Occupational therapists are employed across both Midlothian Council and NHS Lothian. The roll out of Near Me for OTs employed within MLC is still to happen and therefore currently limits capacity.

Rehabilitation and Support to People to Stay Well at Home: Physiotherapy

There is now a single point of access for community services, so Long COVID-19 rehabilitation will be managed through this. Based on scoping work, the decision was made not to have a separate team managing Long COVID-19, instead the patients will be directed to an existing team depending on the predominant symptoms the patient experiences. However, this will continue to be reviewed. Near Me continues to be an option when appropriate.

There are currently a number of services for Long COVID-19 available depending on the needs of the patient:

- Community Respiratory Team – generally for patients who have been hospitalised with COVID-19, since discharged home and struggling with breathing/ concerns about pulmonary embolism
- Pulmonary Rehabilitation Service – for those who have not been hospitalised, have been managing in the community, but are struggling with breathing
- Midlothian Community Physical Rehabilitation Team – for those who need help to return to function – perhaps their breathing is not as severe and it's fatigue and deconditioning which is the biggest issue

Efforts are being made to ensure Teams are not being constrained by traditional criteria and are in a position to meet the needs of the patients.

Rehabilitation and Support to People to Stay Well at Home: Adult Speech and Language Therapy (SLT)

The Adult SLT service in Midlothian continues to operate throughout the COVID-19 pandemic using prioritisation criteria and adapting delivery.

The service has been maintained for patients with:

- High clinical need related to difficulty swallowing with a focus on those at risk of requiring admission
- High clinical needs related to communication difficulty with a focus on those where the difficulty is impacting on safety/ anxiety/ability to access their other healthcare needs
- Neuro – rehabilitation with a focus on early supported discharge (especially for stroke) and admission avoidance

The service is offered via remote consultation using Near Me and telephone where feasible but has maintained face to face consultations to tackle health inequalities or where face to face assessments are required. Reducing face to face time has also been achieved through introduction of self-management programmes and introducing the "Manual for Mealtimes" programme throughout Lothian's nursing homes.

Near Me has been a useful initiative with which to continue service delivery. However, it is acknowledged that within the elderly population, there are considerable numbers of patients who are unable to access digital platforms, either due to the lack of hardware, internet connection, or support from relatives/carers. In such instances, face-to-face consultation, either at home, or in a health centre, has been required. It is also noted that nursing homes do not necessarily have the appropriate equipment, nor staff availability, to support the use of Near Me calls.

Those with persisting voice, swallowing and cognitive communication difficulties due to Long COVID-19 can also be referred or self-refer to the service, with some being directed via ENT or transferred from hospital Teams.

Supporting People to Stay Well at Home

A key component of Midlothian HSCP response to the pandemic has been to support people to stay well at home and avoid hospital admissions. The Community Respiratory Team, MSK physiotherapy service, GPs, social work staff, nurse support to people in homeless hostels, Ageing Well, Health Visitors, mental health and substance misuse and other services have continued to operate to support people to stay well at home. Digital first continues to be the default where appropriate. District Nursing continues to provide additional support to Care Homes and to support people at home. District nursing continues to encourage self-management of wounds and medication management.

The pandemic has had, and continues to have, a strong and long-lasting impact on mental health. Services such as the Wellbeing Service, based in GP practices, have continued to offer individual and group support to people by phone or video link. Staff support is also in place and a staff wellbeing group has been established for the HSCP.

Primary Care

There are 11 GP practices in Midlothian. The Midlothian Primary Care Team continue to respond to HSCP, NHS Lothian and Scottish Government direction and guidance. Many Primary Care Improvement Plan Teams continue in all practices for example the Musculoskeletal Advanced Practice Physiotherapy service, Pharmacotherapy, Primary Care Mental Health Nurses and the Wellbeing Service, although appointments are via digital where possible. The MSK Physiotherapy service is preparing to take referrals from NHS24 111 and the Flow Centre once Professional Pathways are agreed. Work has progressed on Community Treatment and Care implementation with pilot practices. Staff have been recruited although many are assisting with the COVID-19 vaccine programme at present.

Work will continue to explore the use of digital solutions when meeting with GP patients, and telephone triage remains the default method. Communication and engagement with local communities around significant service change continues – all websites are being updated to ensure prominent and consistent messaging around NHS Inform and other community support. Work to expand primary care provision in South Bonnyrigg and Shawfair/Danderhall is progressing.

Midlothian GP Practices have played a key role in the local COVID-19 vaccination programme, particularly for the over 80 year olds. From the 1st February General Practices in Midlothian will lead on vaccinating people aged 75+ and people who were shielding. The HSCP and the Mass Vaccine Sites will focus on vaccinating people aged between 70&74. This collective effort will ensure that all people aged over 70 and those who are Shielding will have received the first dose of the vaccine by mid-February.

Mental Health and Substance Misuse

Midlothian Mental Health and Substance Misuse services have continued to operate; adjusting according to changes in national guidance and evaluation of risk.

The Lothian's and Edinburgh Abstinence Programme is available to Midlothian residents and alcohol detoxification at the Ritson Clinic (Royal Edinburgh Hospital), has now reopened with 8 beds. Referrals have continued, but there is a significant waiting list for these services. Midlothian HSCP will continue to maintain contact with stakeholders, both statutory and third sector, around service provision and managing risk.

Plans around Lothian in-patient and other central mental health services are being coordinated by NHS Lothian. Midlothian residents continue to require very few acute adult mental health beds as the vast majority of patients are supported via the community based model in place.

Work continues with partners in Royal Edinburgh Associated Services around psychological therapies. The service continues to maintain contact with as many people as possible to continue treatment wherever they can. A new service delivery model is being piloted that has reduced people's wait for treatment. Patients currently in therapy have been offered this service either face to face, using Near Me and/or by telephone. Psychology groups have remained paused e.g. Emotional Resources and Survive and Thrive. There are plans to reinstate these online.

Other on-line group meetings continue, for example mindfulness and mutual aid via digital solutions (where people have means to do so). Following risk assessments, Dialectical Behaviour Therapy and Decider groups did restart with physical distancing measures in place however they have been paused since 26th Dec/second lockdown. They will restart when restrictions are eased. High risk patients in these groups are contacted by staff.

People who use Midlothian mental health, substance misuse and justice services benefitted from the Connecting Scotland programme. Digital devices, and where required dongles, were distributed to allow people to access services via Near Me and other platforms, and to keep connected more broadly.

Autism Spectrum disorder assessments resumed in autumn 2020 with a multi-disciplinary team using a revised protocol. Psychology and Psychiatry assessments are now completed face to face, over the phone and using Near Me so there is no backlog of new patients waiting for initial assessments.

Midlothian Intensive Home Treatment Team continues to offer a full service, with a red-amber-green rating system in place to see patients in clinic, at home or remotely. In line with national developments around unscheduled care pathways, the Intensive Home Treatment Team is now receiving referrals for people via NHS 24.

People with dementia continue to be offered face to face appointments within the physical distancing guidelines if they are unable to engage with virtual appointments and an appointment is deemed essential.

The Primary Care Mental Health Team is offering patient assessment and consultation primarily by phone/video but also face to face where appropriate.

Face-to-face appointments continue for people requiring urgent substance misuse support. This will remain under review and a phased increase in face to face support will be planned in line with Government guidance and an ongoing assessment of risk.

Mental health and substance misuse services will continue to work with council and third sector partners around support to people in homeless hostels.

Learning Disabilities

People have had access to all disciplines within the Community Learning Disability Team. Telephone consultation is the preferred method of contact with home visits taking place if necessary following risk assessment. Direct care will continue to be risk assessed on an individual basis. Day centres are providing limited service provision, guided by criticality of support need and local protection level. Day services and care providers are being creative in providing online resources and activity packs to individuals unable to attend day services. Respite services continue based on individual risk assessments.

Personal Protective Equipment (PPE) and Testing

A PPE hub was established at the start of the pandemic using staff seconded in from other areas of the partnership. A more sustainable model has since been employed that includes the distribution of testing kits to community services.

Supporting Communities - Socio-Economic Impact and Inequalities

There are many groups in society who have been impacted more by the COVID-19 outbreak: not only older people and those with underlying health conditions, but those who are vulnerable simply because they do not have the resources and opportunities to stay well. Emerging evidence shows that those living in deprived areas and those from Black, Asian, and Minority Ethnic (BAME) groups are disproportionately impacted by COVID-19. In Midlothian we have made a commitment to tackle health inequalities, have invested more in public health and will continue to do so.

The economic impact of the pandemic is becoming ever more evident. The Food and Key Essentials Fund was launched on the 14th December and £271,000 was distributed to Midlothian residents by 20 January 2021, over half the allocated budget. A full analysis is awaited however fuel poverty, sofa surfing, unable to cope on current benefits, debt and changing work situations were noted as reasons for applying. 70% of payments included a fuel payment. They were 858 referrals to CAB. Applications to the food bank were significantly higher in December compared to previous year, quelling thoughts that the fund had been used as an alternative to foodbanks.

Midlothian HSCP Welfare Rights Team continues to receive a high number of referrals, as do the two CABs in Midlothian. Foodbanks continue to operate. While housing and homelessness in Midlothian are not directly the responsibility of the HSCP they are important to our ambitions and values, and joint working will continue. Digital inclusion remains a priority for the Midlothian Public Health Team.

Following lessons from the community response to the pandemic in spring 2020, Midlothian HSCP recruited a Volunteer Co-ordinator in December 2020. Volunteers continue to improve outcomes around social isolation and will soon provide support to people living in extra-care housing and patients in Midlothian Community Hospital. There will also be a pilot companionship service to give carers some respite. Discussions are also underway around support to people leaving hospital.

11.5 West Lothian Health and Social Care Partnership

The West Lothian Health and Social Care Partnership has continued to respond to the COVID-19 pandemic through a range of measures designed to ensure essential community health and social care services are delivered to the population of West Lothian. In the short term, the partnership is focussing on delivery of core services, but as the vaccination programme gains momentum, much more work needs to be done to plan for the longer term having regard to the lasting impact of Coronavirus on our communities.

Impact of COVID-19 on Inequality

There is increasing evidence that the impact of COVID-19 is likely to widen existing inequalities and may have a disproportionate impact on groups of people already facing challenge and disadvantage. It is as yet unclear what the lasting impact of Coronavirus will be but there will undoubtedly be poorer health and economic outcomes for some. It is recognised that the partnership needs to collaborate closely with stakeholders across health and social care, community planning and the third sector to build new ways of working to support people in the management of their physical and mental health. The partnership completed a review of its strategic commissioning plans in September to ensure that they reflected initial learning from the pandemic response. A further review is planned for March 2021 to consider the impact of the latest lockdown and to ensure that there is renewed focus on tackling inequality.

Care Homes

The delivery of safe and effective care to people who live in care homes remains a priority. The partnership continues to deliver enhanced support to the care home sector. Risk assessments are carried out via daily meeting of the West Lothian Care Home Clinical and Care Professional Oversight Group involving the Chief Officer, Chief Social Work Officer, Chief Nurse, other partnership senior managers and representatives from Public Health Scotland where emerging challenges and risks are identified and addressed. Oversight and support is delivered via: daily assurance calls and assurance visits to each care home by a dedicated team of social workers and NHS clinical staff; fortnightly, forums to share experience, guidance and provide support; engagement with NHS Lothian's Operational and Strategic Group, health protection Teams, Care Inspectorate and Scottish Care; daily communication with GPs, nursing Teams and the dedicated NHS Care Home team; oversight of PPE stock, staffing, testing and vaccinations; support with safe admission and visiting arrangements; and fortnightly analysis of Care Inspectorate reports

In addition, work is now taking place to identify how enhanced care home support will be delivered beyond the immediate pandemic response and the organisational requirements associated with that.

The aim is to develop a sustainable support model for care homes which continues to offer assurance over standards into the future.

Care Home Staffing & Mutual Aid

All care homes have up to date business continuity plans that include staffing. The majority of care homes use regular agency staff to cover for absence but when this is exhausted, arrangements are in place for the partnership to request mutual aid staff (registered nurses, care assistants and domestic staff) from the NHS Lothian's staff bank.

Social Care Capacity

When the pandemic first emerged, a common approach was taken across both internal and external providers to ensure essential care at home services continued. All providers reviewed their business continuity plans and undertook risk assessments. Provider's staffing capacity was monitored closely to identify emerging risks and ensure support was put in place if required. A collaborative approach meant that was no interruption of service during the period.

The partnership also recognised the risk associated with the financial viability of care providers and put in place a wide range of measures to stabilise the sector. Close contact has been maintained with providers to ensure oversight in relation to staff recruitment and retention, capacity, business planning, business continuity planning etc. Providers continue to be supported with PPE, testing, information and advice. Providers were also supported to offer 7 day working and to adopt a more flexible approach to keeping care packages open when people were admitted to hospital.

A dedicated member of staff has been based at St John's Hospital since March 2020 to manage the allocation and co-ordination of care in support of the Home First approach. Better co-ordination, combined with greater stability in the care at home sector, is improving hospital delays and is allowing revised staffing models for discharge services to be tested.

The partnership is now working with providers to monitor the economic impact of the pandemic on the sector, to identify recruitment opportunities and to ensure the critical role social care staff have to play in the health and social care system is reflected in local and national workforce plans. The recent report on the Review of Adult Social Care will provide a foundation for the future development of social care in Scotland.

Rehabilitation

The community AHP team continues to screen and triage patients being considered for discharge or transfer to assess rehabilitation requirements and divert to community pathways wherever possible. Community AHPs have implemented 'Tom's' clinical evaluation tools to measure rehabilitation improvement both in an inpatient and community setting.

An intermediate care pathway has been developed and access criteria established for individuals requiring rehabilitation where they have low level medical needs but high level rehabilitation needs. A test of change is commencing in one community hospital from February 2021.

Pathways have been established for patients experiencing Long COVID-19, with each person having specific individual and collaborative rehabilitation goals created by a MDT, including carers and families, to reach agreement on where needs can best be met. The rehabilitation team has ability to

assess, set specific goals, deliver assessments and evaluate rehabilitation both within a person's own home and in inpatient setting.

The partnership will continue to participate in the development of specialist and intensive rehabilitation outreach and community based models of care, working in partnership across Lothian. The partnership is also working with colleagues in primary and secondary care to understand more about the long term impacts of COVID-19 and effective approaches to rehabilitation. Locally, work has started to consider the supports our community planning partners can offer through, for example, exercise referral to support rehabilitation.

Enhanced Community Supports

West Lothian has developed an intermediate care pathways that respond to deterioration and recovery of individuals who need community support and interventions. The pathway includes: Care Home Team providing assessments, education, support and training to care homes; daily flow meetings to manage transitions between health and social care facilities following an acute illness; embedding Home First principles through 'discharge to assess' and reablement pathways; care at home Teams working across 7 days, with plans to extend the hours into the evenings; remobilisation of a frailty 'one shop' clinic for comprehensive generic assessment and access to diagnostics aligned to person-centred care plans by the Rapid Access Clinic; respiratory referrals screened, triaged and assessed by the respiratory team; virtual face-to-face visits arranged to support people in their own homes; community nursing team led by ANP practitioners who link into daily discussions and planning to manage transition back home from hospital and other health facilities and; designated social workers aligned to both inpatient and community beds and within the community to support short and longer term care.

Investment has been made to enable delivery of hospital at home and discharge to assess services over seven days. This approach is supplemented by multi-agency team working and attendance at a daily huddle to focus on improved flow through the health and social care to avoid delays.

Primary Care

2021/22 will witness the further roll-out of the Primary Care Improvement Plan (PCIP) in West Lothian encompassing:

- Building adaptation and / or refurbishment of identified Health Centre premises – to modernise and maximise space – where funding permits
- Further development of Community Treatment Rooms (CTACs) within Medical Practices to reduce GP workload and support patients with tasks including but not limited to dressing/wound care, ear syringing, injections and catheter changes
- Extension of community link worker contract to support the local population with mild-to-moderate mental health problems
- Further recruitment of allied healthcare professionals within practices – pharmacists, health care assistants, phlebotomists, advanced physio practitioners, mental health nurses, and vaccination nurses – to reduce and support the GP workload
- HSCP delivery of Seasonal Flu Vaccination Programme, removing onus from GP Practices
- Technology – increased promotion/use of digital approaches to promote flexible working, help practices communicate with patients and support patients to self-manage their conditions.

Pain Management

Pain Management will continue to be provided through the: Local Physiotherapy Team; Pain Management Programme operated at the Astley Ainslie in Edinburgh; and Pain Clinic in Leith (with focus on pain and drug addiction management).

Due to the pandemic, support is being provided to patients via telephone and Near Me as a first line of treatment. Webinars have also been offered to patients and these have been regarded as successful thus far. Face-to-face intervention will resume when restrictions allow. In the absence of face-to-face support though, IT has created immense equity in terms of accessibility, especially for patients living in West Lothian, and its use will continue over the course of 2021/22.

Plans to develop a single, integrated MDT pain management referral pathway to simplify the referral process and reduce duplication of work may also be progressed in 2021/22. Discussions around the establishment of a local (West Lothian) pain management service also continue.

Some West Lothian practices have agreed to participate in a 3-month Pan-Lothian chronic pain pilot, commencing in February/March 2021, which focuses on improving and providing good patient care in relation to longer-term pain management. In general however, all West Lothian Practices continue to support the drive to reduce the prescribing of opioids for managing chronic pain. A recently appointed lead pharmacist for the partnership will build capacity in the team to support prescribing developments.

Digital Strategy

The partnership has embraced opportunities to develop its approach to technology and digital healthcare. Work is underway to develop a digital strategy which will review current approaches and build on the learning from the pandemic.

The expansion of Near Me, and 'book a bridge' hosted by NHS Lothian, is now available across many Teams in both Mental Health and Primary Care and is being used to keep in touch with those at greater risk due to COVID-19. 2021 will also see the HSCP introduce digital prescribing platforms and new digitally enabled ways to carry out patient handover in St John's. Digital whiteboards will be introduced into three inpatient Mental Health Wards and emergency assessment service (ACAST) to ensure Teams can work more efficiently and have a clearer holistic view of patients' needs.

Further digital innovation is currently being considered in several of our inpatient Mental Health wards to improve the way we collect outcomes focused feedback to both improve patient care and support and improve the Teams understand of what is important to those we care for. This work is part of a wider digital service review that will see a business case be presented to NHS Lothian to ensure we have the right equipment to allow our Teams to see the time efficiencies that technology can allow us.

Whilst technology presents many opportunities care needs to be taken that new forms of exclusion are not created for people who do not have access to equipment of are unable to use it.

PPE and Testing

A PPE hub was established at the start of the pandemic using staff seconded in from other areas of the partnership. The model was reviewed during the course of the year to build a more sustainable model and to include the distribution of testing kits to community services. The Joint Community Equipment Store took over responsibility for distributing PPE and testing kits with ongoing support from a programme manager to ensure the smooth operation of the service.

Community Supports

The partnership recognises the very valuable contribution families and carers have made during the pandemic and published a new strategy for carers during 2020/21. Links have also been strengthened with the voluntary sector and the partnership will seek to build on the positive work done during the pandemic and strengthen those relationships further.

12. Vaccination Programme

Background

The Scottish Government directed NHS Boards to begin to develop plans for the COVID-19 vaccination in early October 2020. NHS Lothian established a COVID-19 Vaccine Programme Board to the support preparation of plans.

A COVID-19 vaccine is the only way to achieve wide protection from the disease and eventually return society to a more normal footing. The vaccine programme is the largest, most complex vaccination program since the conception of the NHS, involving all sectors of the NHS and many aspects of partners' organisation with the requirement to potentially vaccinate 616,041 individuals in Lothian depending on vaccine uptake.

The anticipated cost of implementation of the vaccination programme in Lothian is in the region of £24m

Priorities for Vaccination Roll Out

In early December 2020, the UK Joint Committee Vaccination and Immunisation (JCVI) published priority groups for vaccination based on those most at risk of mortality. These priority groups have been the focus of the phased roll out of the vaccination programme.

Priority	Risk Group	Cohort Size	Anticipated Timescale
1	Residents in Care Homes Older People	4,796	31 January 2021
2	Front Line Health and Social Care Workers including Care Home Workers] All Those Aged Over 80 Years	43,922 30,549	31 January 2021
3	All Those Aged Over 75 Extremely Clinically Vulnerable (Shielding)	26718 13155	14 February 2021
4	All Those Aged Over 70 Years	40,598	14 February 2021
5	All those Aged Over 65 Years	39,476	28 February 2021
6	All those Aged 16-64 Years with Underlying Health Condition	122,337	end March
7	All Those Aged Over 60 Years	30,268	April
8	All Those Aged Over 55 Years	38,015	April
9	All Those Aged Over 50 Year	42, 593	April
Total Population		341,116	

Note : completion of cohort 6 and the timetable for 7 to 9 is dependent on vaccine supply.

Following vaccination of the priority cohorts outlined above, vaccination will then focus on the population aged from 16 – 49 years (274,925 individuals) with anticipated completion of the vaccination programme by August 2021.

Approved Vaccines

There are currently two vaccines approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA):

- Pfizer – approved by MHRA on 2 December 2020 with on-going vaccine delivery scheduled to NHS Boards from 8 December 2020
- AstraZeneca (Oxford) – approved by MHRA on 28 December 2020 with on-going vaccine delivery scheduled to NHS Boards from 4 January 2021

Vaccine is administered in two doses, with recommended second dose twelve weeks following first dose.

Regular vaccine supply is a critical factor in successful delivery of the programme.

Vaccination Programme Workforce

Recruitment of vaccinators for the programme began in early November 2020 with 1,500 staff initially expressing an interest in supporting the programme. These came from workforce groups including existing staff bank vaccinators, retired staff, staff willing to work extra hours, allied healthcare professionals and retired GPs and other primary care contractors. In early February 2021, 828 vaccinators were deployed and rostered to deliver 3,833 vaccination hours. The vaccinator workforce is scheduled to increase over February/March 2021 as additional public vaccination centres come on stream.

In addition to vaccinators, administrative support staff have also been recruited to both the public vaccination centres and also a local contact centre to support public enquiries which cannot be managed through the national call centre. In early February 2021, 77 administrative staff were recruited to deliver 1,519 hours to support the programme arrangements. Recruitment to this workforce will continue into February 2021.

The day to day running of vaccination centres is also supported by facilities and pharmacy Teams.

Vaccination Administration

The following arrangements have been put in place to support vaccination administration:

- Care Home Residents and Care Home Workers through Health and Social Care Partnership Community Teams
- Front Line Staff at dedicated staff clinics in both acute and community hospital settings with arrangements for additional eligible staff to receive first dose at mass vaccination centres
- Over 80 years, 75 – 79 year and Clinically Extremely Vulnerable delivered by general practices across Lothian
- Housebound through Health and Social Care Partnership Community Teams
- All other cohorts through national invite to attend one of the vaccination centres in Lothian (Edinburgh International Conference Centre, Queen Margaret University, Royal Highland Showground, Pyramids Business Park, Royal Bank of Scotland (Gyle), East Lothian Community Hospital, Midlothian Community Hospital and Edinburgh Community Centres at Gracemount, Sighthill, Pennywell, Leith, Craigmillar and West Lothian Howden and Strathbrock Health Centres)

The vaccination centres across Lothian have a capacity to deliver a total of 85,987 vaccinations per week.

Vaccine Appointment Scheduling

HSCP community Teams have supported scheduling visits to care homes to vaccinate residents and care home workers. Care home workers have also had the opportunity to attend front line staff vaccination clinics.

An internal appointment system was put in place to schedule front line staff vaccination clinics, first dose clinics ceased in late January 2021 to allow arrangements to focus scheduling second dose clinics from 15 February 2021. Over the period of December 2020 and January 2021, however, more than 43000 staff from across Health and Social Care in the Lothians had received their first dose. Eligible staff who have still to receive a first dose vaccination will be required to attend one of the public vaccination centres.

General practice are arranging invites for their practice population over the age of 75 years and those clinically extremely vulnerable mainly through telephone invites as practices wish to ensure vaccine supply is available before making appointments.

For those aged 16 - 74 years vaccination invites are generated via a national appointment system, ServiceNow, this national appointment system is not managed by NHS Lothian. Appointments for the various vaccination centre locations are mapped to residents' postcodes, when the nearest vaccination centre clinic is fully booked, appointments are offered and the next closest centre. A national call centre and on-line portal is available to all citizens who wish to reschedule or discuss their vaccination appointment.

Further information on the vaccination programme is available on NHS Inform and NHS Lothian websites.

- https://www.nhsinform.scot/COVID-19-vaccine
- https://www.nhslothian.scot/Coronavirus/Vaccine/Pages/default.aspx

13. Mental Health

This section provides an overview of Mental Health and Learning Disabilities Remobilisation. The various activity is drawn together through an improvement programme which initially commenced in late 2019 with a focus on addressing challenges with:

- for staff support. In Lothian there has been additional funding awarded through inpatient bed occupancy at the Royal Edinburgh Hospital (REH);
- waiting times for Psychological Therapies (PT);
- waiting times for Child and Adolescent Mental Health Service (CAMHS).

Whilst these are the immediate priorities the scope also includes wider improvements to service delivery and productivity, digital development and longer-term strategy. Efforts to deliver sustainable improvements across performance, patient experience and service delivery were disrupted by the implementation of the 2020 COVID-19 adjustments to practice and the subsequent periods of more extensive lockdown arrangements, but were resumed and progressed whenever possible albeit recognising the need to recognise the additional pressures and impact on staff and the need to allow their recovery which still pertains today.

In addition, in February 2021 NHS Lothian with its partner IJBs committed to and commenced a period of additional support from the Scottish Government specifically in relation to Psychological Therapies and CAMHS. Detailed meetings have commenced in relation to Psychological Therapies and CAMHS and this is expected in the first instance to extend to the end of March 2020 for planning purposes with agreement on subsequent longer term support.

GOVERNANCE

Governance of the improvement effort is provided by the Mental Health and Learning Disabilities Programme Board which is chaired by the Chief Officer of Edinburgh Integrated Joint Board (IJB) with the membership including the Chief Officers of the remaining three IJBs. It also includes three Executive Directors of NHS Lothian, the Services Director of the Royal Edinburgh and Associated Services Division and the Associate Medical Director. The membership demonstrates the commitment to whole system working across the acute and community sectors and the joint decision making by this group supports development of more robust pathways to keep patients as close to home as possible through matched care in community settings, whilst also ensuring clear links and co-ordination with hospital and other more specialist services for cross-sectoral care.

An Operational Recovery Group, chaired by the NHS Lothian Director of Improvement, provides additional support to the Programme Board. It was not originally created as part of the structure for governing the improvement programme but as a group to focus on short term performance improvement. It has provided a valuable forum for sharing information and plans, and for collaborative discussion and evaluation of ideas and proposals.

The group has a large membership with senior operational leaders from the five organisations invited to attend meetings / calls, which take place every three weeks, with emphasis on ensuring a coordinated approach across Lothian. Its role in addition to its focus on improving short term performance involves:

- acting as an expert group in relation to matters and issues referred to it by the Programme Board, including providing advice and/or recommending packages of work to be undertaken under the auspices of the Programme;
- reviewing proposals and plans arising from constituent projects, including providing advice and support where required, and where appropriate and relevant additional commentary for the Programme Board;
- enabling the achievement of a cross-organisations consensus where this is needed by projects;
- assisting individual projects and the Programme in negotiating proposals and plans through individual organisations' own business and professional assurance arrangements.

Individual improvement initiatives have their own clinical representation in the governance structures and teams. However, a requirement has been identified for an overall Clinical Advisory Group for Mental Health and Learning Disabilities to advise the Programme Board and individual projects. This is being established under the chairmanship of the Associate Medical Director for Mental Health with cross-system representation. Its role will be concerned with shared overall clinical strategy and system-wide collaboration, learning and development. A particular early focus will be reviewing the approach and process to Learning from Adverse Events (per the recommendation from the Tayside Review). The first formal meeting of the Group will be on the 31st March.

WORKFORCE

A group has been established that will be chaired by the Executive Nurse Director to review and take oversight of current and future plans for developing a robust plan for NHS Lothian's mental health workforce. The group will be multi-disciplinary and will cover both inpatient and community services, as well as learning disabilities. This will help meet the future service redesign and any changes required as part of our remobilisation plan. This group will report to both the Mental Health and Learning Disabiliies Programme Board as well as the NHS Lothian Workforce Planning Board.

COVID-19 ADJUSTMENTS AND IMPACTS

Throughout the period of COVID-19 significant adjustments have been made to practice. Some address the inpatient setting and patient and staff protection and the use of PPE and in this respect are not dissimilar to the challenges in physical care. However, much of mental health care comprises of appointments between patient and practitioner and much of this has been able to

continue albeit via telephone and 'Near Me' video calls rather than face-to-face meetings. This digital delivery has undoubtedly been extremely valuable and has allowed continued patient monitoring and therapeutic interactions. In addition, face-to-face appointments have continued in limited circumstances where merited by the patient's need and the assessment of clinical risk. This points to the fact that whilst digital delivery undoubtedly has a valuable long term role, face-to-face encounters are a key part of mental health care to support the therapeutic relationship and these have been substantially reduced with a probable impact, to be confirmed through further research, on the speed of treatment efficacy. There is no doubt as well that the COVID-19 environment has had an adverse effect on some patients' wellbeing and progress, particularly in CAMHS.

GENERAL SUPPORT TO THE POPULATION AND PATIENTS

Mental health services across Lothian are cognisant of the impact that COVID-19 is having on people's mental health. In particular, the restrictions imposed have been challenging for those being asked to shield however clearly there is an impact on the wider population. In Edinburgh, for example, the approach agreed with the HSCP has centred upon ensuring that people who are shielding, and other vulnerable groups who are being asked to self-isolate, have access to the national programme delivering distress brief interventions, which has been available in Edinburgh since June. The programme includes peer led groups, individual support and group support delivered through digital platforms, and by telephone.

In addition, mental health wellbeing information, advice and support is being made available to the local population by:

- sharing resources through an integrated approach between NHS Lothian and the 4 IJBs / HSCPs social media presence;
- sending letters with lists of resources to all of those waiting for treatment;
- sharing online resources with and through GPs;
- sharing of additional online Cognitive Behavioural Therapy (CBT) resources including new Pain Management treatment and other modules as they become available through the national arrangements with SilverCloud;
- developing and sharing mental health community resource websites:
    - EdSpace - https://edspace.org.uk/
    - MidSpace - https://midspace.co.uk/
    - EastSpace - https://eastspace.org.uk/
    - WestSpace - https://www.westspace.org.uk/
- Developing online resources for Children and Young People for support during COVID-19 https://services.nhslothian.scot/camhs/Resources/Pages/ResourcePacks.aspx

SUPPORT FOR STAFF

The nature of mental health services means that staff are often in contact with vulnerable families and people living with poverty which can be distressing in itself. In addition, they are bearing the pressures of COVID-19 together with the rest of the population. A number of measures are being taken to ensure staff remain psychologically well. This includes:

- a 'Here for You' helpline is in place for NHS Lothian, HSCP, hospice and care home staff, staffed by Psychology Mon-Fri 9am – 5pm, as well as the Staff Listening Service, staffed 7 days a week. Additional funding has been provided to Boards the Lothian Health Foundation. Recruitment has been agreed for 4.2 WTE qualified psychology staff and 1.0 WTE Organisation Development Lead to extend the 'Here for You' Helpline and to increase access to psychological treatment and interventions for all health and social care staff in Lothian. The staff support programme works closely with Occupational Health and the NHS 24 National Helpline;

- 'Mutual aid' is in place for NHS staff from other Boards who prefer psychological treatment to take place outside their employing Board;

- the new Lothian Psychological Therapies website with its focus on self-management and evidence-based approaches will be launched in March and will be available to staff as well as the public;

- other helpline and wellbeing resources are available on the Intranet as well as additional support based on psychological 1st aid for all teams based at the acute hospital site;

- Face to Face psychological support is available to staff and teams on the three acute sites;

- development of Wellbeing 'Hubs' on each site to provide staff with a relaxing space;

- clear signage across full site including, room capacity, keep left, elevator capacity, wearing mask, hand hygiene;

- 'Learning from COVID-19 – an approach for team learning' 1hr webinars facilitated by Organisational Development;

- Lothian Psychology is also providing the East Region support to NHS 24 and Ambulance Service.

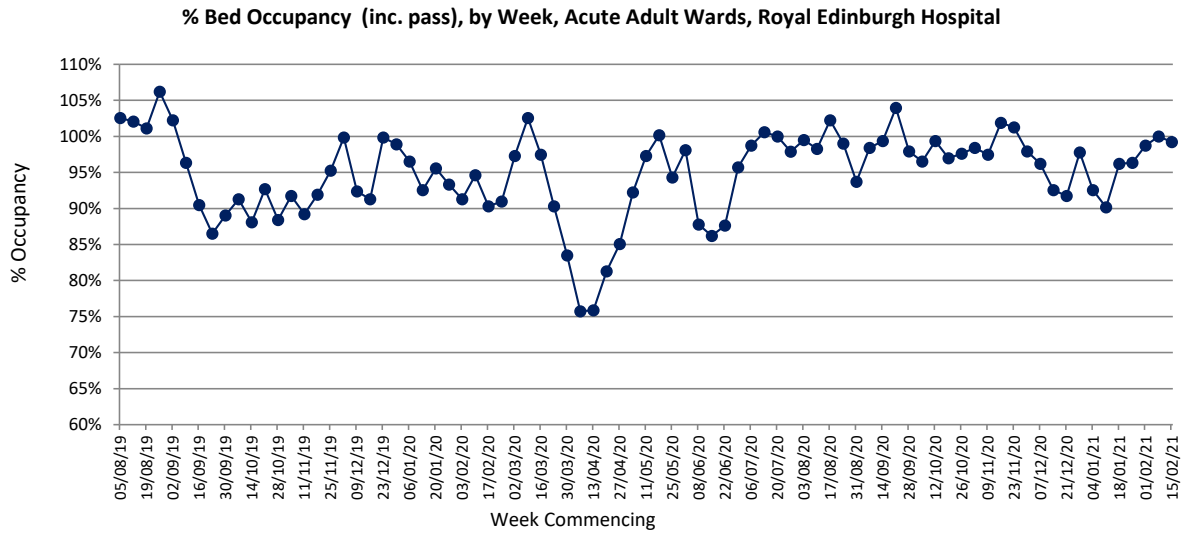
There are a number of research proposals in which NHS Lothian is participating in respect of the effect that COVID-19 has had on staff. In particular, one has received £250,000 specifically to look at mental health impacts. Work like this will help to tailor support around identified need.

ROYAL EDINBURGH AND ASSOCIATED SERVICES (REAS) ACROSS ACUTE HOSPITALS

Inpatient Psychiatric Units - General Adult, IPCU, Older People's, Dementia, Learning Disabilities, Rehabilitation

Throughout the COVID-19 period, following a brief initial fall bed occupancy across the Royal Edinburgh Hospital has remained high. This is shown in the figure below.

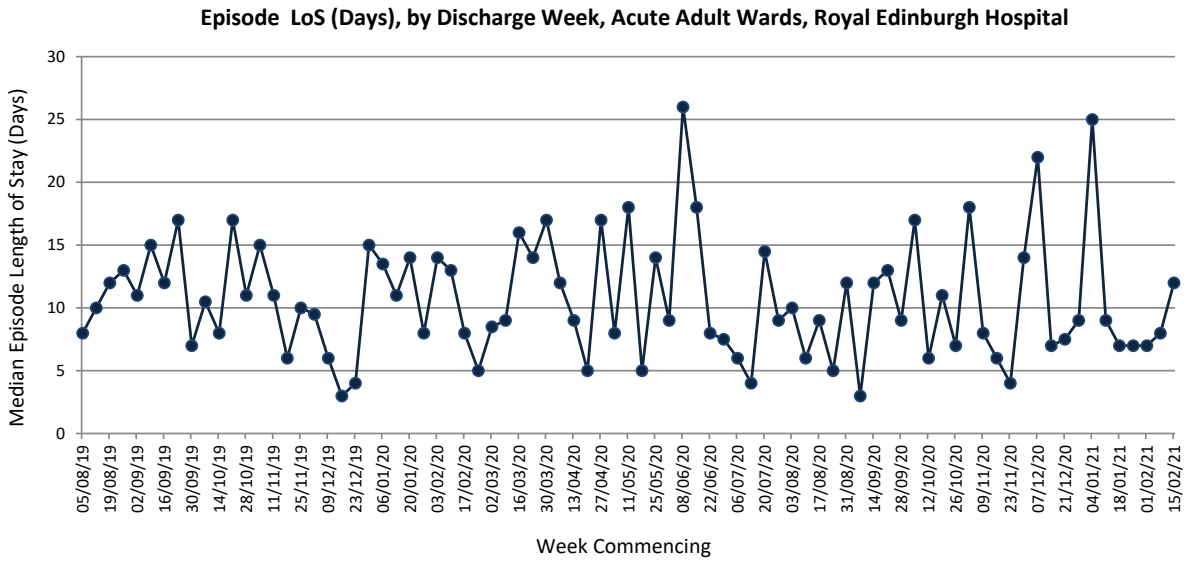
REH Adult Acute Ward, Occupancy 2019 to January 2021



Remaining within occupancy limits has been challenging, although it should be noted that Lothian has supported other Boards at times. Largely it is managed through an intense focus on preparation for discharge and liaison with our HSCP partners regarding returning patients to the community with support.

In addition, whilst research is still ongoing it is believed that acuity has increased during the period of COVID-19 and it is believed some patients are being admitted later and more unwell than might have been the case without lockdown and social distancing restrictions. Length of Stay is quite variable week to week however the chart below shows that there have been some significant peaks over recent months.

REH Adult Acute Ward, Length of Stay 2019 to January 2021



Overall, inpatient services / capacity has not been significantly impacted by the COVID-19 restrictions, although it is having more of an impact at the moment. There has been limited access to physiotherapy and reduced access to volunteers. Across the inpatient areas staff have been using full PPE in line with NHS Lothian policy. Patient advocacy is wherever possible aiming to meet face to face, but this is disrupted during the periods of increased physical distancing/ restrictions. During the remobilisation period there has been a slight increase in staff numbers; this has been good for morale and patient care/outcomes. Restrictions on visiting times/numbers have been difficult for many people in care.

During early periods of COVID-19 (mid-2020), there was an impact on overall capacity across the site, with unexpected ward closures of wards Fairmile, Canaan, Blackford and Balcarres due to infection. These were well managed in line with Infection Protection & Control Team (IPCT) guidelines and existing capacity across the site was able to absorb the impact.

An additional ward, Ritson, was initially made available as a red pathway for patients being admitted with suspected COVID-19, helping to maintain capacity and flow. During the first peak of COVID-19, the site identified another ward, Braids, which would be better suited as a red pathway due to its flexibility in configuration, location with different entrances, two secure outside spaces, as well as single en-suite rooms. This ward was vacated at the end of July and is used as the red pathway to maintain capacity and flow, ensuring safe and effective inpatient care. In planning for this COVID-19 winter, robust plans were put in place for red and green pathways using the aforementioned Braids Ward. The site also identified some contingency beds however these are intended only be deployed in extremis.

The Intensive Home Treatment Team (IHTT) has not paused or stopped during COVID-19 although there were some adaptations made to maximise delivery, with a higher threshold required for face to face meetings to take place. Near Me was implemented very early in lockdown and has proved to be a success in managing patient assessment remotely and informing decisions on further care.

Patients are risk assessed using a RAG rating to determine whether they are Red, Amber or Green (which determined the priority in which they should be seen and by which method). Some patients are seen face to face at home (using PPE), with others managed using Near Me or telephone. There has been a significant increase in telephone contacts to IHTT; some regular callers taking a lot of time due to increased distress given the social and mental impacts of the pandemic.

The site is working closely with partners across the Health & Social Care Partnerships (HSCP) on improving earlier interventions in the community, to prevent an individual deteriorating to an extent where they require an inpatient stay. This work involves improving pathways for earlier discharge when safe to do so. A pilot of criteria led discharge has been implemented in an attempt to match seven days admissions with seven days discharges to improve flow and capacity planning. Moreover, the site is adopting the principals of Home First; a project which has enjoyed some success in adult acute sites in Lothian in reducing length of stay, with a particular focus on improving pathways for those patients who have been in an acute mental health setting for more than three months.

Further ongoing developments will include:

- participation in the national mental health beds project when this resumes under the auspices of Healthcare Improvement Scotland. The early findings prior to COVID-19 identified that on a population basis NHS Lothian has a relatively low number of acute mental health beds but relatively higher Learning Disabilities and HBCCC beds. Further benchmarking work with other Boards is still required however it is expected that this will eventually lead to some further re-configuration post COVID-19;

- as part of the Scottish Government's Redesign of Urgent Care a new approach to responding to people presenting to unscheduled care with distress and mental health problems is being designed between REAS and Edinburgh HSCP with East Lothian and Midlothian HSCPs tailoring this to their specific local circumstances (it should be noted that West Lothian is more self-contained through the presence of St John's Hospital). This new approach is close to finalisation and the design is documented and available separately if required. It is expected to assist significantly in relieving the pressure on acute mental health beds;

- a review of the existing proposals to re-develop the Royal Edinburgh Hospital site. A relatively capital-intensive proposal was in place to support the re-location of a number of long-term learning disabilities and mental health rehabilitation patients from hospital to supported community places. This would be supported through a smaller learning disabilities unit, a smaller complement of rehabilitation beds to be used more intensively, and creation of a low secure unit which would allow the repatriation of a number of Lothian patients from other Boards together with the associated funding. This was designed as an integrated development however in view of the projected scarcity of capital over the next 5 years this is presently being re-configured into a number of small developments that will need to be undertaken in sequence as affordability allows.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Throughout the COVID-19 pandemic access to CAMHS services has been fully maintained and, compared to pre COVID-19 levels, the service is providing 4.5% more appointments to children and young people. However, there are challenges that have emerged that impact demand and capacity. This includes, but is not limited to:

- physical distancing - requirements have meant that use of office and clinical accommodation has been limited with a shift to telephone, Near Me and MS Teams. The service has managed this transition to increased digitally delivery through the procurement of personal laptops for every community facing clinician and this has supported circa 1,000 appointments per month being delivered through Near Me;

- an initial increase in Did Not Attend (DNA) or Could Not Attend (CNA) appointments from mid-March to mid-May (normal levels have since largely returned);

- school closures combined with social distancing – this has proven to be a barrier in effective and evidenced based diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Autism in young people. Therefore, specialist ADHD and Autism assessments were initially deferred until there was a relaxation of the social distancing recommendations and adapted clinical guidelines were produced to support safe resumption of these assessments until December 2021. The emergence of new and more transmissible COVID-19 virus strains regrettably, required a return to deferment of these assessment interventions.

During this period of difficulty, a pandemic contingency plan was developed which outlines the key steps to mobilisation of staff and protection of core activities. Key stakeholders have been engaged in this process to deliver safe care including Children's Partnerships, NHS Lothian Children's & Young People's Health & Wellbeing Board, and Perinatal Mental Health Network.

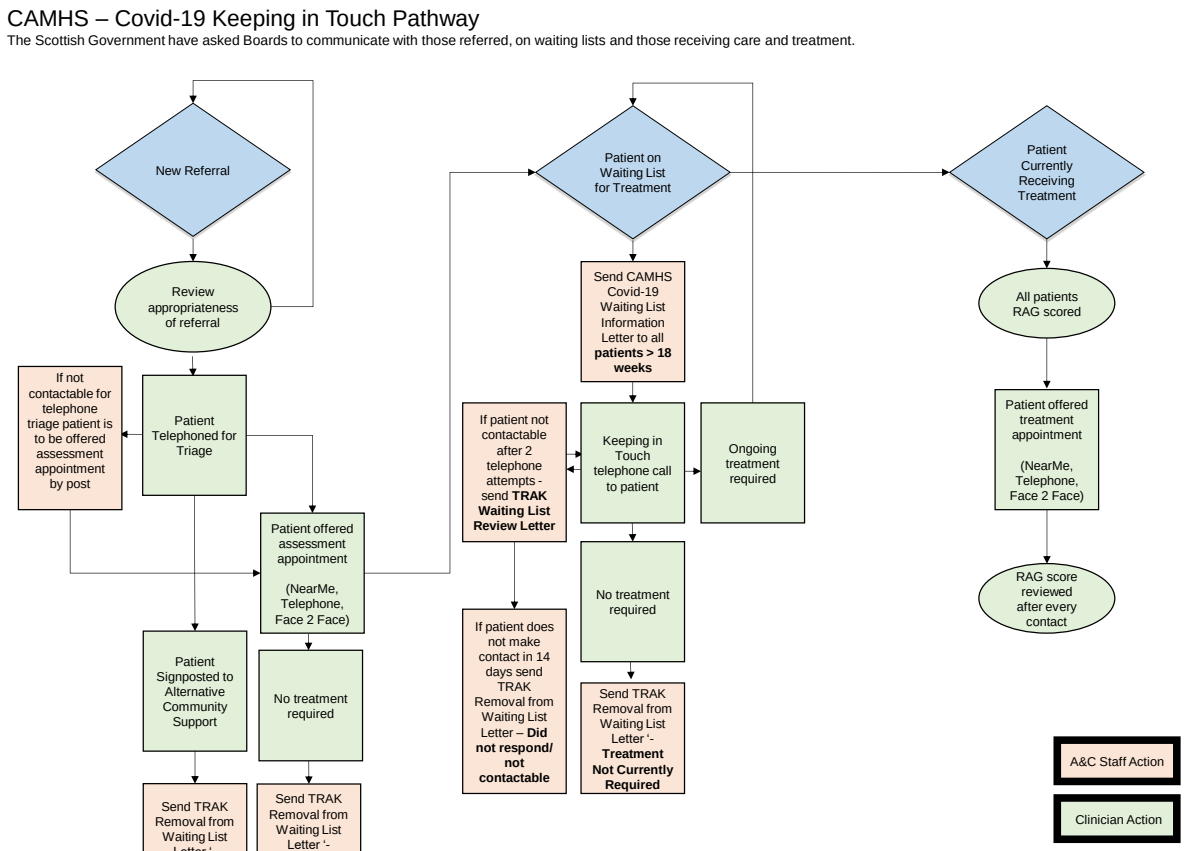
Within CAMHS, the Keeping in Touch pathway (Exhibit 1, below) was developed to communicate with all those referred to the service, those on the current treatment caseload, and those waiting for assessments in addition to:

- writing to all patients on waiting lists to provide reassurance including options should their condition worsen during the lockdown;

- maintenance of face-to-face appointments for the most severely unwell and 'at risk' patients;

- the transition from face-to-face sessions with patients to telephone consultations. 'Near Me' consultations are now a major feature of practice following the major upgrade of laptops to meet the greater processing requirements.

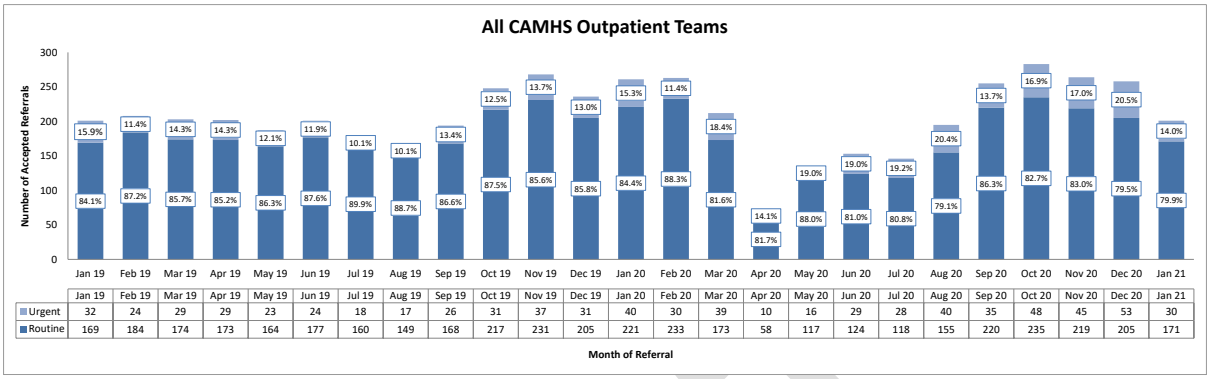
CAMHS Keeping in Touch Pathway



Further to a pilot Unscheduled Care trial delivered between May and August 2020, a permanent Unscheduled Care Service will be introduced from the Spring of 2021 to both support timeous access for children and young people at greatest need in terms of risk. This will also divert demand from the locality outpatient teams where the greatest waiting times are held. This new resource will be available 7 days per week between the hours of 7am and 10pm.

In the early stages of lockdown, a decision was taken to focus on those patients already in treatment and to only take new urgent patients into treatment. Work was also slowed, as it became more complex to hold multi-disciplinary case meetings and some activities such as school liaison and observation became more difficult or no longer possible. This has since been relaxed however the recent period since September 2020 (typically a busy period due to school return) plus wider school disruption has seen a significant rise in urgent referrals, particularly in Edinburgh.

CAMHS Referrals Showing Proportion of Urgent Referrals



	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Urgent	32	24	29	29	23	24	18	17	26	31	37	31	40	30	39	10	16	29	28	40	35	48	45	53	30
Routine	169	184	174	173	164	177	160	149	168	217	231	205	221	233	173	58	117	124	118	155	220	235	219	205	171

As per contingency planning, across CAMHS and specialist services, urgent and emergency care has been delivered (excluding face-to-face appointments). There has been no change to referral criteria or referral assessment and a risk assessment using agreed RAG criteria to identify the most vulnerable service users in order for them to be prioritised both in terms of care, treatment and support.

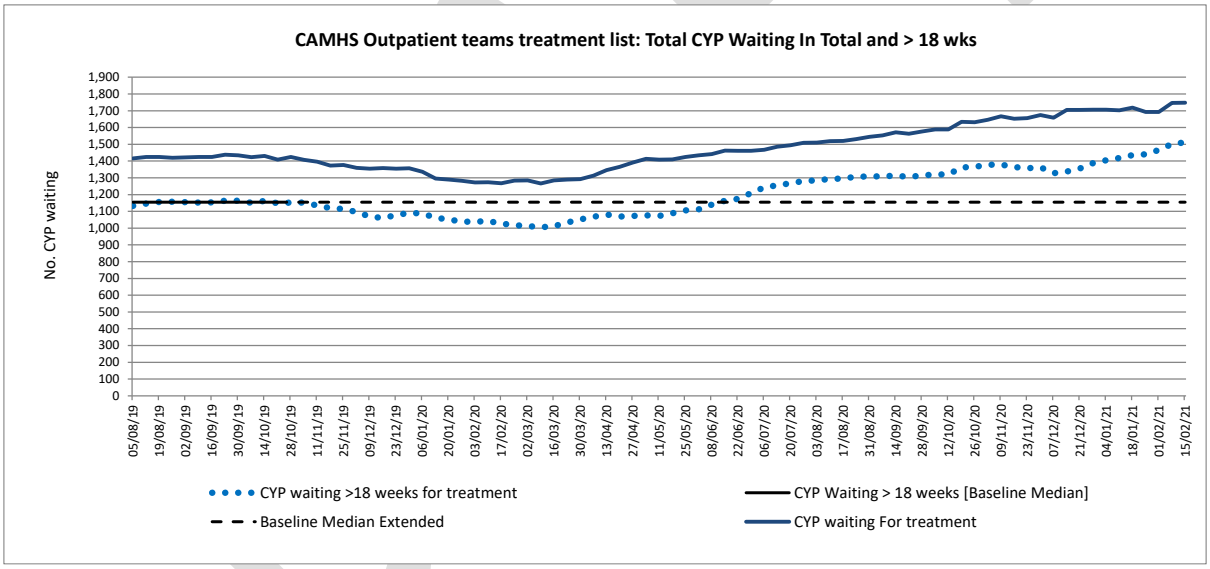
Other than specialist assessments (Autism Diagnostic Observation Schedule (ADOS) and ADHD), no scheduled services were suspended, delayed or deferred. Care and support continues to be delivered to those requiring specialist assessments. The small number of deferred specialist assessments are planned to restart in April 2021 following robust risk assessment supported by the Infection Prevention and Control team.

Throughout the pandemic, there has been no loss to inpatient bed capacity. The reprovision of inpatient services in the purpose designed and state of the art Melville Unit at the Royal Hospital for Children and Young People continues to provide for a robust infection prevention and control environment with the added benefit of secure outdoor space and larger communal spaces in support of patient visiting.

Nevertheless, whilst CAMHS has maintained and developed services over the COVID-19 period its overall activity levels have been affected and waiting lists have continued to rise as shown overleaf. A particular challenge in recent months has been addressing the longer waits as priority has had to be given to new urgent cases.

URGENT REFERRALS	Population 17 and under	24 Month Rate (urgent referrals per month per 100, 000)	Oct-Dec 2020 Rate (urgent referrals per month per 100, 000)	% Change
East Lothian	21,590	0.96	1.37	+ 42.7%
West Lothian	39,685	2.64	2.51	- 4.9%
Midlothian	19,500	1.50	1.49	- 0.6%
Edinburgh North	42,967	2.01	6.16	+ 206.4%
Edinburgh South	35,085	2.57	4.91	+ 91.0%

CAMHS Waiting List in Total and > 18 Weeks



The specific waiting list figures are shown in the table below:

	Nov 2020	Dec 2020	January 2021 Patients waiting at month end [adjusted]				
Service	Number waiting	Number waiting	Number waiting	within 18 wks.	over 18 wks.	% within 18 wks.	% over 18 wks.

ADHD Teams	656	680	662	206	456	31.1%	68.9%
Generic Teams	2,147	2,246	2,198	745	1,453	33.9%	66.1%
Tier 4 & Specialist Teams	343	332	332	224	108	67.5%	32.5%
Total	**3,146**	**3,258**	**3,192**	**1,175**	**2,017**	**36.8%**	**63.2%**

The proportion of CYP being seen <18 weeks has been increasing, and this reflects the acuity of new referrals and changes of clinical priority to those already waiting who are assessed as requiring urgent treatment. The effect of this switch of focus in available capacity means that proportion of CYP waiting >18 weeks is increasing. To mitigate this risk, the forthcoming engagement of 9.8 WTE CAAPs will be ringfenced for those CYP who have waited the longest.

To address these challenges CAMHS has designed and launched the CAMHS 2021 Project. The broad scope of the project is as follows:

> *The CAMHS 2021 project will have a particular focus on improving performance against the Scottish Government's access standard for CAMHS. However, it is also a broader long-term improvement plan for CAMHS. The project plan is currently scheduled to run throughout 2021 and involves several components including in particular the implementation of the Choice & Partnership Approach (CAPA). To address the shorter-term issues and achieve the necessary degree of earlier improvement in performance a series of short-term measures have been included in the scope of the project.*

The Vision and Priorities for the CAMHS 2021 Project are as follows:

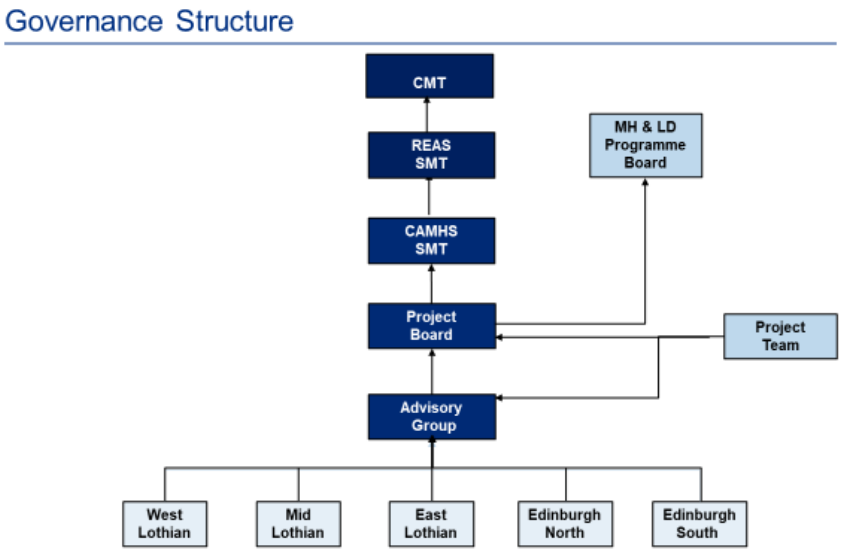
> *Child and Adolescent Mental Health Services in Lothian will be accessible to all and we will provide our communities with a responsive and high-quality service that put children, young people and their families at the heart of what we do. We will be open to new ideas and recognise that as the needs of our communities' change, we as a service need to engage in the change process confidently. We will be accountable to our communities and one-another for the service we deliver. We will be transparent with others that not all children and young people can have their wellbeing needs met by us and instead acknowledge that for some, their needs can be better supported in a wider community of support. We will work in partnership with others to contribute to and build this community network of support.*

The project has three major components and priorities:

- *the establishment of a CAMHS Neurodevelopmental Service and subsequently multiagency neurodevelopmental pathways* [as per recent Scottish Government specification]*;*
- *adoption of a demand and capacity model and associated ways of working* [CAPA] *that meet the needs of the young people who use our specialist services;*

- *a review and development of Tier 2 with the aim of increasing capacity and strengthening collaboration between Tier 2 and Tier 3* [in conjunction with other agencies through the Children's Partnerships].

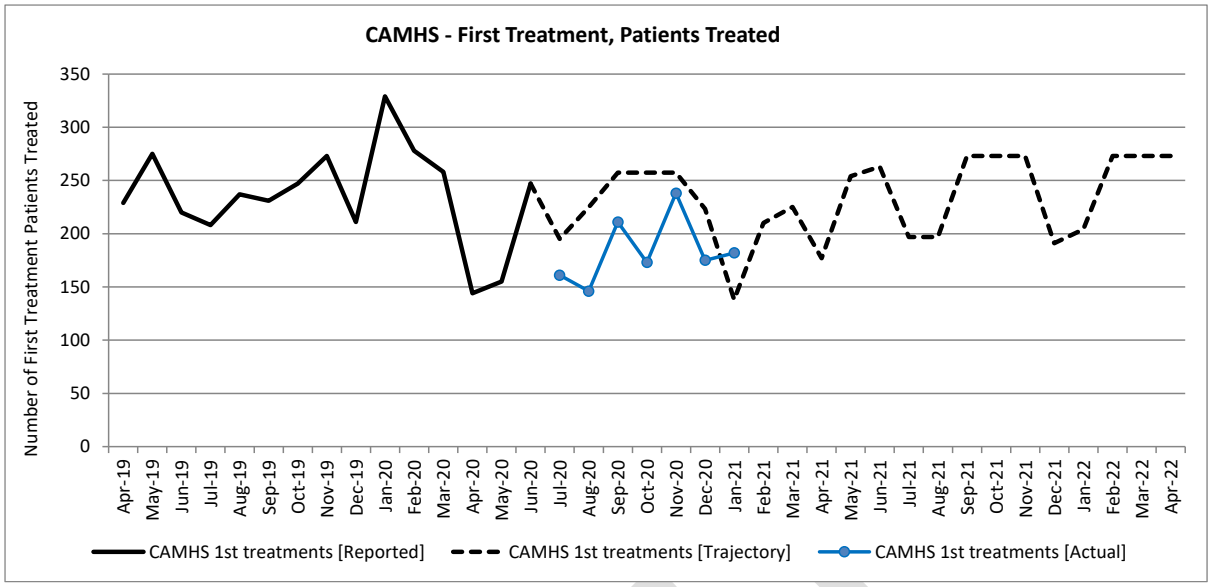
The Governance Structure for the Project, shown below, sits within the line management structure but there is also reporting to the Mental Health and Learning Disabilities Programme Board. The Corporate Management Team reviews progress on a monthly basis. Equally importantly the structure includes a Clinical Advisory Group drawn from the delivery teams and the Project Board includes patient and staff-side representation.



Significant work is ongoing and is documented in full in the CAMHS 2021 Project Initiation Document which has been shared separately with the Scottish Government advisers and discussed in ongoing planning and redesign meetings and consequently the detail is not reproduced here.

An update of the previous First Treatment trajectory from RMP2 is shown below although these figures are under review as part of workforce and activity planning with the locality teams and with the Scottish Government advisors.

CAMHS, First Treatment, Trajectory April 20 – March 22



The recent figures in relation to new treatments started are shown in the table below:

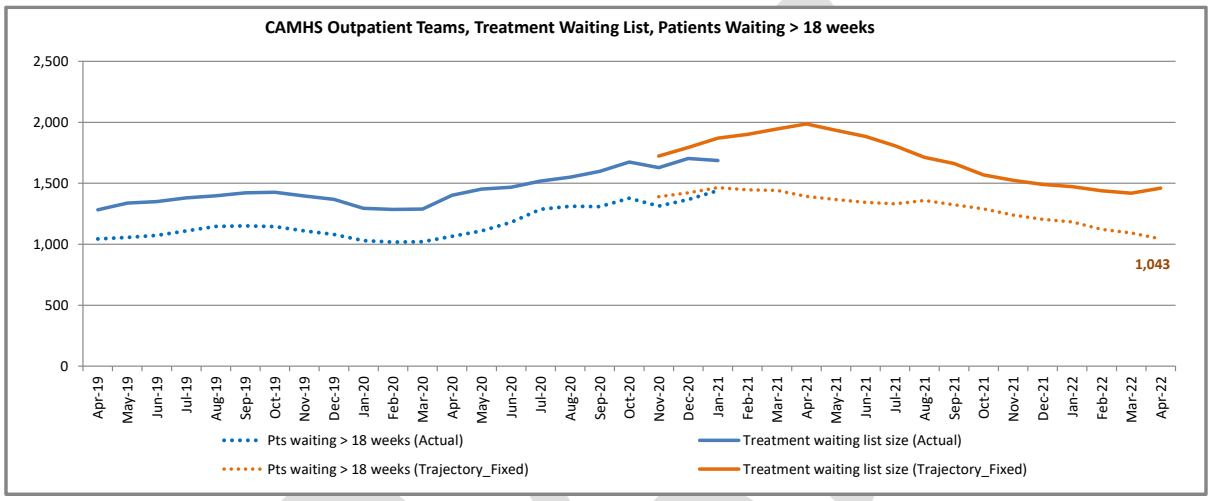
CYP seen for 1st Treatment Appointment, Previous Quarter & Current Month:

	Oct-Dec Qtr.		January 2021 CYP Seen for 1st Treatment				
Service	No of CYP Seen	% < 18 wks.	Number seen	within 18 wks.	over 18 wks.	% within 18 wks.	% over 18 wks.
ADHD Teams	67	20.9%	21	10	11	47.6%	52.4%
Generic Teams	252	61.5%	88	55	33	62.5%	37.5%
Tier 4 & Specialist Teams	267	82.8%	73	61	12	83.6%	16.4%
Total	**586**	**66.6%**	**182**	**126**	**56**	**69.2%**	**30.8%**

Additionally, at this point a new Trajectory has been developed for the Core Tier 3 CAMHS Outpatients Service. This is an early version and is undergoing review and confirmation with the Team Leads so it may yet be subject to change. In addition, there will also be further recording changes when a single Neurodevelopmental Service is launched combining the ADHD service with

the ASD patients currently managed through the Core CAMHS service. Nevertheless, it provides an overview of expectations at this point prior to the implementation of CAPA and any additional measures to address the waiting list backlog accumulated during the COVID-19 period.

CAMHS Current Waiting List Trajectory (Core Outpatients, excludes ADHD)



The implementation of CAPA will be the key factor in judging the final balance between demand and capacity within the service. It is anticipated that a balance can be achieved between demand and capacity. However, concerns remain as to the speed with which the backlog built up on the waiting list during COVID-19 can be cleared. Initial discussions with the Scottish Government support team have identified that a specific, time-limited, initiative to address this may be required which would be conducive to non-recurring funding. The scale of this is not known at present but this will be addressed with the support team.

At a wider strategic level, a plan in four phases was previously developed and its initial elements were already being implemented to increase CAMHS capacity and improve productivity prior to COVID-19. A public health system wide approach was being adopted to not only improve performance short-term but to ensure long term sustainability and appropriate localisation. It is important that the public and users identify the higher tiers of CAMHS as specialist mental health services and not the only services for children and young people. However, it is equally important that CAMHS operates in a collective system of supporting services that ultimately have the overarching aim of improving a young person's mental health and wellbeing. Despite COVID-19 disrupting this work there has been continual involvement and engagement with the Children's Partnerships, to ensure a collective response to the growing demand for CYP mental health services. We have jointly commissioned the spending of the community framework allocation, with a focus on creating single points of referral in each area and tier 2 supports.

Staffing has been a particular challenge for CAMHS locally and indeed nationally. As of January 2021, the Tier 3 / Tier 4 vacancy gap was 9.59% (actual 263.7 vs funded 291.7). However, the service has recruited to the posts shown below and anticipate that they will join the workforce in April 2021 bringing the vacancy gap down to 4.18%

- CAAPs 10.4 WTE;
- Band 6 Nurse 1.0 WTE;
- Service Manager 1.0 WTE;
- Directorate Assistants 4.0 WTE.

Early in summer 2021 further recruitment is anticipated:

- 2.0 WTE definite consultant psychiatrist appointed;
- further 1.0 WTE consultant psychiatrist candidate to be interviewed in February;
- 3.0 WTE Clinical Psychologists appointed.

This will bring the vacancy gap down to 1.91% by the summer.

In terms of steps to proactively avoid getting into a cycle of vacancy gaps, an analysis has been undertaken of the past few years and nursing and psychology posts now have an agreed +10% permissible over recruitment for year ahead.

The CAMHS Management Team and Senior Clinicians are now actively engaged with the Scottish Government support team and anticipate a close working relationship over the next several months.

PSYCHOLOGICAL THERAPIES

During the course of the continuing COVID-19 period all patients are being risk assessed and face-to-face appointments continue to be offered to those who represent higher levels of risk. Those patients in the highest level of risk (red) as well as those in the moderate risk category (amber) will continue to be offered face-to-face appointments as required, with appropriate PPE equipment being made available and large rooms being used to enable appropriate social distancing.

Due to the high rate of physical and psychological complications following hospital admission and, in particular, Intensive Care (ICU), the clinical health psychologists are working with liaison psychiatry to follow up all COVID-19 hospitalised patients. All patients will be screened for mood and trauma related symptoms at three and twelve months post discharge using the digital COVID-19 Silvercloud module, with psycho-education and one-to-one treatment for those presenting with more severe

disorders. As cognitive impairment is a relatively common long-standing difficulty for patients with more severe presentations of COVID-19, the neuropsychology service has set up a triage system so that higher levels of cognitive dysfunction are directed appropriately to specialist neuropsychological provision for cognitive rehabilitation.

Adaptations for the Delivery of Treatment

A significant number of patients on the adult mental health waiting lists are preferring to wait for face-to-face treatment instead of treatment by phone/Near Me. Patients continue to be sent letters to explain that the majority of contacts are taking place on the phone or using Near Me. This in turn has had some impact in reducing the number of patients waiting for face-to-face treatment but it remains an issue. Those patients who by preference are electing for face to face treatment are being identified as being 'unavailable' over 12 weeks then reviewed; the majority of these patients have already been waiting a long time for treatment, well over 18 weeks. This has also been used as an opportunity to provide information to patients about digital resources such as cCBT and local resources that are available.

Some services, such as Older Adults, quickly translated clinical activity to the use of Near Me, such that 25%+ of all consultations relatively rapidly moved to video-conferencing. However, the majority of other services initially used the phone for consultations and treatment as there was limited access to appropriate IT, laptops and available bandwidth for the use of Near Me. This has now largely been addressed with a significant roll-out of new equipment to staff in late summer 2019. Patients' feedback on the use of digital consultation, particularly from clinical health and older adult's services, remains positive. Non-attendance rates have reduced greatly, particularly in older adult services, where mobility poses greater challenges. Non-attendance ranges in those services between 0% and 13% while non-attendance rates across AMH typically averages 20% with higher levels experienced for New Treatment Appointments.

The majority of presentations can be treated using Near Me and being able to see the person in treatment facilitates this process. Evidence continues to suggest that the majority of presenting problems can be treated with psychological treatment using video conferencing, with outcomes being similar to face-to-face contact. However, it must be noted that some conditions relating to complex trauma, self-harm, psychosis or significant cognitive impairment are less suitable for digital treatment, with face-to-face treatment recommended in these cases.

There are circumstances when the use of Near Me may compromise the safety of patients such as when there is domestic abuse or child protection concerns. These risks need to be carefully managed and priority is given to face-to-face appointments following effective risk assessment protocols (above).

Neuropsychology Assessment and Intervention

While some adapted screening tools can be used for neuropsychological assessment on the phone or using Near Me for many presentations, disorders where there are visual processing problems and confusional disorders, such as dementia, remote neuropsychological testing is not appropriate.

Currently, within neuropsychological services, up to 30% of patients referred cannot be assessed and managed effectively with digital delivery. Therefore there is a growing number of patients who are waiting for neuropsychological assessment and intervention, many of these patients will also be shielding due to immunosuppressant treatments for immune conditions or due to the nature of the medical condition, such as MS and brain tumours, therefore making face-to-face contact challenging. More appointments for neuropsychological assessment and interventions are being offered as experience has been gained, although the scope to work with those shielding will continue to be compromised until such time as shielding regulations have changed.

Neuropsychology staff have PPE equipment including face visors and masks to reduce risk of virus transmission. Neuropsychology assessments are conducted differently with laminated papers for wiping between patients and patients being given pens to use and take, not to share.

Delivery of Psychological Input to Care Homes

As contact with care homes has been stopped during the COVID-19 Pandemic, a range of written self-help materials, clinical resources and staff wellbeing packs were made available to all care homes. Visits to care homes are being conducted only in essential and emergency situations, with the majority of interventions being provided remotely. Teams are using the risk assessments with the majority of consultations being offered on the phone. Training to support the management of residents with advanced dementia and distressed behaviour has taken place, using a mixture of remote and in situ delivery. This ongoing support to staff throughout the pandemic with educational work and the delivery of psychological interventions through consultation has been highly valued by staff.

Group Interventions

The demand for many services is such that the delivery of treatment in groups is not only effective but also provides patient centred and quality care. Group psychological therapy programmes were paused with the onset of COVID-19. However, the Edinburgh Group Service has restarted although other HSCPs have experienced challenges with accessing suitable venues. The agreement to restart

limited group work was supported by Gold Command. Infection control have provided guidance about the safe delivery of treatment in group settings.

Clinical health pain management and weight management services have also been adversely affected. NHS videoconferencing Platform has been tested and shown to have limited functionality in group settings (the same can be said for Near Me). This in turn has meant that group treatments have been delivered through webinars in some services such as pain management however this has limited scope for interaction.

Clinical health services are providing webinars for patients, as a high proportion are shielding (due to reduced immunity and other long-term conditions). The specialist trauma service, Rivers, has set up an online treatment for single event trauma as a five modules course, with additional appointments being offered on the phone in parallel to support engagement and completion.

Further re-starting of group work either through venues that allow social distancing and/or through reliable IT platforms will be important to manage the backlog that has developed.

Inpatient Forensic Care

Direct work was reduced due to changes in the clinical teams to limit cross ward contact, and a rota of staff working from home (to accommodate social distancing) alongside working from base. Group interventions and neuropsychological assessments were paused, as there are not enough suitable rooms for social distancing. Staff training on trauma informed care has been reduced due to difficulties with staff rotas and lack of available space. Consultation continues to occur remotely with multi-disciplinary team collaboration. As the forensic population has severe mental illness and psychosis, delivering psychological treatment through digital means is challenging for patients to engage with. The full use of PPE equipment has also been distressing for patients held in secure units and has limited the scope of therapeutic engagement.

Psychology teams continue to develop risk assessments through collaborative team working and to promote psychological models of care through both direct and indirect interactions.

Vulnerable Groups

Those with Learning Disabilities require the support of a carer, friend or family member to engage in remote treatment delivery. This makes it more difficult to retain privacy for patients. Literacy capability cannot be assumed for those with learning disabilities and there remains an issue of reliability of consent for use of digital interventions.

The results of neuropsychological and psychometric assessments for autism are not reliable if conducted remotely. Learning Disability Psychology Services continue to use the risk assessment process to identify the need for face-to-face contacts with those adults with learning disabilities who are more vulnerable and less able to engage in remote delivery.

Digital Treatment Delivery

Digital Interventions, such as Silvercloud for mood disorders associated with chronic pain, heart disease, arthritis and health anxiety and cCBT for anxiety and depression, as well as IESO, for online psychological treatment using Cognitive Behavioural Therapy (CBT), have been important to increase the range of the digital offers available to patients.

Silvercloud also developed a module focused on COVID-19 anxiety related responses which is a particularly useful component of the mental health preventative approach. During 2020, the rate of referrals to cCBT was as much as 700 per month. It is expected that with the increased suite of offers with Silvercloud, the referral rate will further increase over 2021. All the cCBT interventions for digital delivery have been assessed by the NES Psychological Therapies Matrix as being highly effective.

The previous planning to build a Psychological Therapies Website for Lothian to increase access to digital interventions (cCBT and Silvercloud) and self-management has come to fruition and the new website 'Wellbeing Lothian' is being launched on 1st March 2021. This links with local resources across each HSCP area to create a more comprehensive and co-ordinated offer and following this self-referral and group booking options will be added.

Digital poverty remains a concern in relation to many patients across all adult services which greatly restricts the use of Near Me and even the use of a phone at times. Those referred to adult services who have the greatest need, and potentially are the most difficult to engage, with due to complex psychological morbidity, are also likely to have least access to IT.

Staff Support

Psychologists across each of the areas have promoted and developed staff support systems with the local leadership teams. They have been available to support staff in wellbeing hubs as well as to provide training in resilience and wellbeing across teams. They have also been working with team leads to foster positive working relations, to recognise when staff are becoming distressed or unwell and to support staff within the team structure.

It is planned that the staff support systems will be embedded over the next year. Psychologists are working directly with occupational health and organisational development to promote team based resilience using models such as Peer Support. This will continue to be based on Psychological 1st Aid as well as one-to-one individual psychological treatment for those who have high levels of distress. The helpline in place will continue to operate and offer proactive and early intervention by an experienced psychologist, to reduce the risk of subsequent morbidity. The helpline will be available to all staff, whether on sick leave or still at work.

Recovery and Renewal

Since March 2020 a programme of work to improve performance and reduce waiting list numbers has been in place within Lothian:

- a small team of staff has been established to lead improvement work led by the Director of Psychology with additional oversight from the REAS Senior Management Team and the Mental Health and Learning Disabilities Programme Board. The Corporate Management Team receives monthly updates;

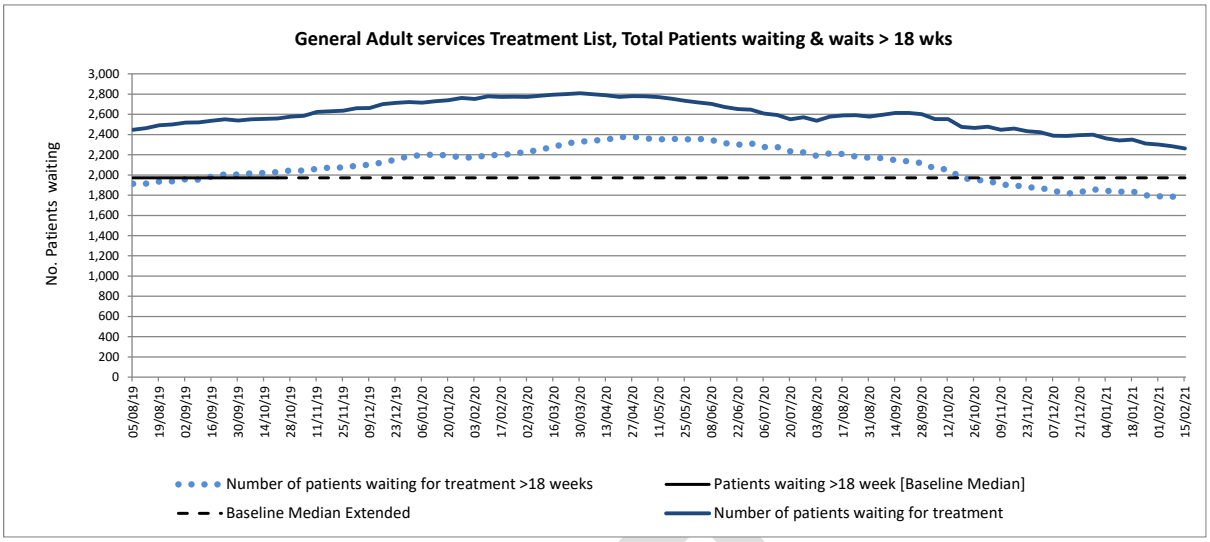
- the primary focus has been on the Adult Mental Health outpatient service which is delivered by 8 teams across Lothian and is responsible for the majority of long waits. This has involved:

    - developing new capacity estimation models and establishing new treatment profile expectations;

    - improved reporting on activity and caseloads including individual patient treatment profiles to support individual clinical practitioners and team leads at case supervision and supporting a cohort of team leaders at local level in managing the resources for which they are responsible;

    - preparing for, and in some teams progressing to, Patient Focussed Booking with a view to increasing capacity and reducing DNAs.

  The graph below shows that the waiting list for Adult Mental Health has been reducing since March 2020. This demonstrates that capacity is now in better balance with demand however the backlog that has built up over many years remains a concern which may require to be addressed through a specific initiative once it is clear existing capacity has been fully maximised together with fully effective triage and assessment based on updated and agreed clinical pathways.



The waiting list figures across the full set of Psychological Therapies Services is shown in the table below.

Patients Waiting at Month end, January 2021

	Patients waiting at month end adjusted				
Service	Number waiting	within 18 wks	over 18 wks	% within 18 wks	% over 18 wks
CAMHS	2	0	2	0.0%	100.0%
cCBT	291	243	48	83.5%	16.5%
General Adult Services	3,902	1,215	2,687	31.1%	68.9%
Learning Disabilities	38	19	19	50.0%	50.0%
Older Adult Services	64	59	5	92.2%	7.8%
Psychotherapy	17	15	2	88.2%	11.8%
Specialist Services [Adult]	418	223	195	53.3%	46.7%
Clinical Health Psychology	606	323	283	53.3%	46.7%
Neuropsychology	233	133	100	57.1%	42.9%
Total Waiting	**5,571**	**2,230**	**3,341**	**40.0%**	**60.0%**

Further work is continuing to:

- increase adherence to job plans;

- review reliability of the triage and assessment process across each HSCP;
- account for DNA rates in setting PFB profiles;
- further assess and re-profile care package expectations under the auspices of the new Psychological Therapies Governance, Standards and Training Board;
- support team leads with tight case management and enabling discharge decisions;
- support staff in understanding the overall practice profile of their team and where appropriate re-modelling their individual practice.

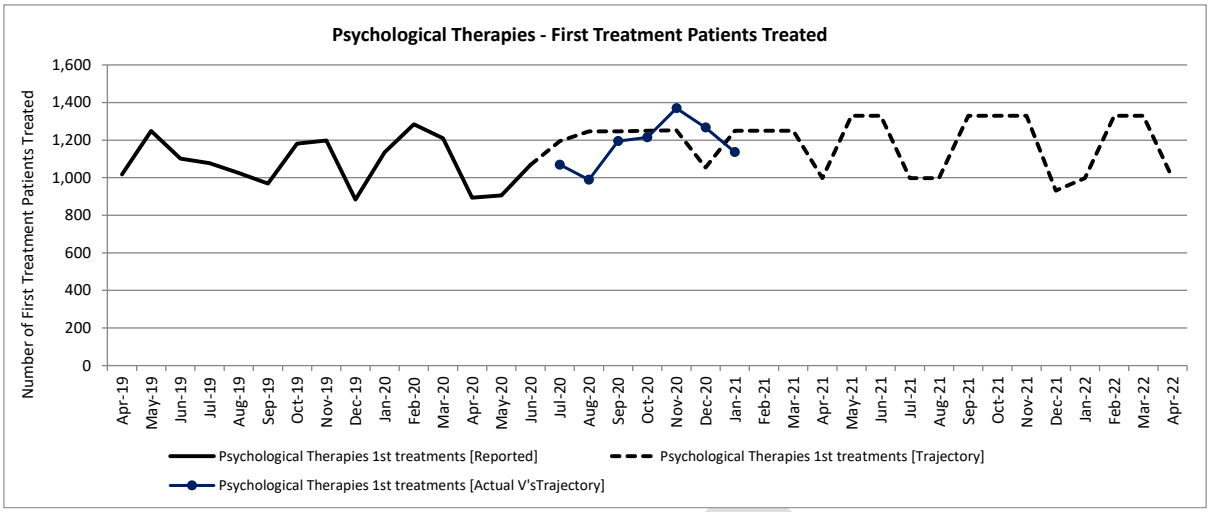
In addition, further work will be undertaken with the individual HSCPs in relation to the overall flow from their population to psychological therapies and increased use of multi-service triage to direct patients to the most appropriate option including improving the quality of decisions to refer to A12 Psychological Therapies.

A broader programme of work is in development for the rest of 2021 and is being discussed with the Scottish Government support team. It will address a number of key themes as follows:

- Strengthening Project Governance and Change Capacity – increasing the engagement of further individuals in leading and promoting improvement (in change management terms known as the Guiding Coalition) and adapting the current management structures and processes to work across the full pathways. This will include strengthening the formal project management approach for the overall effort;
- Demand Management – ensuring high quality referrals, assessing patients effectively and consistently, and directing the available A12 psychological therapy capacity to the patients in greatest need, whilst directing others to more appropriate services;
- Resource Management – ensuring that staff delivering psychological therapies are working efficiently and commensurately with agreed job plans;
- Treatment Efficacy – matching patients to the most appropriate evidence-based treatment and therapist and providing consistent outcome measurement for the benefit of patients and for evaluation purposes;
- Capacity – ensuring that the level of resource is matched to demand.

The remaining trajectory up to March 2022 for Psychological Therapies First Treatments is shown below.

Psychological Therapies, First Treatment, Trajectory April 20 – March 22



The recent figures in relation to new treatments started are shown in the table below:

Patients seen for 1st Treatment Appointment, Previous Quarter & Current Month

Service	Oct-Dec Qrtr		January 2021 Pts. Seen for 1st Treatment				
	Pts seen	**% < 18 wks**	Pts seen	< 18 wks	>18 wks	**% <18 wks**	% >18 wks
CAMHS	0	-	0	0	0	-	-
cCBT	2,215	**100%**	521	521	0	**100%**	0.0%
General Adult Services	609	**19%**	220	36	184	**16.4%**	83.6%
Learning Disabilities	26	**46%**	17	12	5	**70.6%**	29.4%
Older Adult Services	124	**97%**	36	35	1	**97.2%**	2.8%
Psychotherapy	15	**100%**	8	8	0	**100%**	0.0%
Specialist Service [Adult]	163	**65%**	47	31	16	**66.0%**	34.0%
Clinical Health Psychology	577	**89%**	246	229	17	**93.1%**	6.9%
Neuropsychology	132	**59%**	41	24	17	**58.5%**	41.5%
Overall Performance	**3,861**	**82%**	**1,136**	**896**	**240**	**78.9%**	**21.1%**

Finally, discussions with the Scottish Government support team have identified that the waiting list for Adult Mental Health is reducing and whilst there are some specialist services with challenges balance will be achieved between demand and capacity. The support team have suggested a time-limited waiting list backlog initiative may be appropriate following further analysis and this may be appropriate for non-recurrent funding. The scale of this is not known as yet.

DIGITAL DEVELOPMENT DURING REMOBILISATION

REAS and the HSCPs have successfully adopted the use of video technology, Near Me for patient and family communication and Microsoft (MS) Teams for staff communications; almost all internal face to face meetings of more than two people are at present conducted using MS Teams. During the early stages of COVID-19 the shift to digital working was limited by the availability of suitable technology.

In Summer 2020, LCIG approved £200k funding release [c150 laptops] which was able to be deployed in late 2020. This has enabled services to:

- work back towards pre-pandemic work levels, by facilitating remote working and provide devices to those self-isolating;

- further increase video contacts after good initial uptake although more recently a plateau is developing caused by hardware (as shown both by TRAK recording and use of the Near Me platform). Current levels are circa. 4,000 video appointments per month with Psychological Therapies, in particular, benefitting from the additional investment;

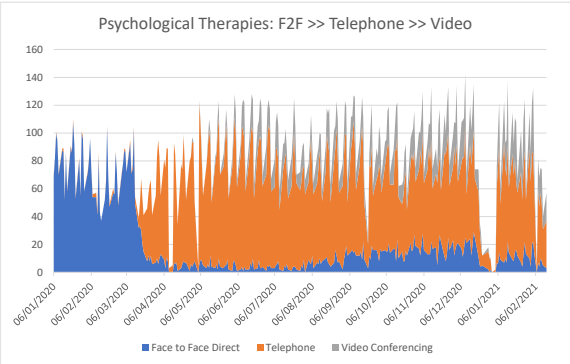
- there is reduced spend on travel costs, which also releases meaningful time for clinical work;

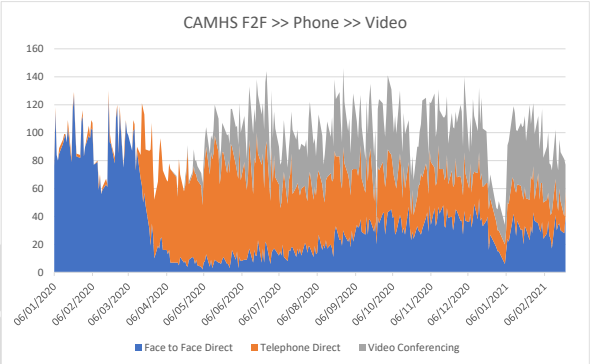
- the investment has enabled many wards to work digitally (especially interfaces with the community) with more adopting this approach.

A further capital bid has been put in for just under £400k which will be allocated in three tiers – starting with teams who have not yet benefitted (such as CMHTs) but also enabling a further release to CAMHS and PT if the full amount is made available.

This additional hardware will result in a revenue cost of £75-100k which will fall to the service. However, this will be set against an ongoing reduction in travel costs. REAS and IJBs have been asked to commit to a 30% reduction (on average) in travel budgets going forward which will include petrol/fares but may also include lease cars.

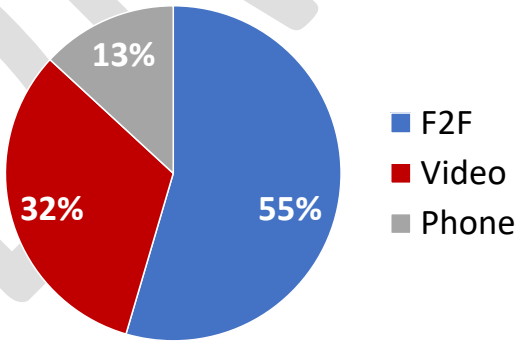
It is expected that 'Near Me' consultations will remain a key long-term element in the delivery of scheduled care. The charts below show that the return to Face-to-Face consultations has been more marked within CAMHS and is presumed to be due to higher assessed levels of clinical risk. This is also suggested by the recent higher levels of urgent referrals. Also, of note is that the shift from telephone to video calls continues to be more advanced within CAMHS which is likely to reflect the patient group's greater familiarity and comfort with the technology, but also the greater device investment to date compared to Psychological Therapies.





There appears to be good acceptance of these developments from both patients and staff. It is now anticipated that 'digital delivery' will feature to a significant extent in the longer term as it delivers benefits for patients in terms of access and reduced travel, flexibility for staff including the capability to work from home, and some efficiencies for the service. However, Face-to-Face is still seen to have a critical role within mental health services and this is reflected in a survey of expectations undertaken within mental health and learning disabilities services.

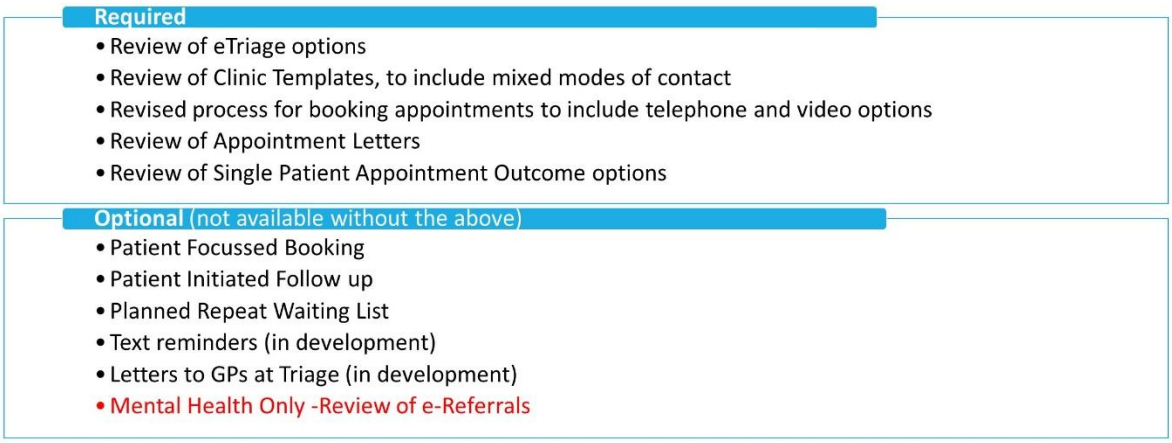
Predicted medium for ALL mental health contacts [1m/pa]: clinicians view if the right hardware & software is in place



As previously discussed, these developments represent an acceleration of existing trends and digital initiatives that were being introduced, albeit at a much more measured pace. They now need to be sustained and built on through wider digital investment in both technology and staff.

Trak Rebuild

This project to provide some 'under the bonnet' improvements to TRAK has restarted. This is being run by eHealth and will progress over the next six months. The graphic below shows what is included – some is mandatory to bring uniformity across Lothian, some is optional depending on team needs.



These developments will progress by service area. The immediate priority areas are Psychological Therapies and CAMHS, though the CAMHS work may need to be timed in conjunction with reconfiguration of systems and processes to support CAPA. The various areas are:

Team Group	Number of Teams
Addictions	26
Adult Mental Health - East Lothian	3
Adult Mental Health - Edinburgh	17
Adult Mental Health - Mid Lothian	2
Adult Mental Health - West Lothian	12
CAMHS	24
Forensic	1
Learning Disability [ID]	13
MH Specialties	7
Psychiatry of Older Age	20
Psychological Therapies	13

Paperlite Design

Mental Health are also working with eHealth to develop a Paperlite Assessment during the remainder of 2021 with an approximate go-live date of Easter 2022. This will digitise a lot of the existing forms and 'canned text'.

However, it is not just a matter of digitising, but radically changing how different bits of information are arranged and hence will be a major change to the way staff work. For example, a 'long letter' will in future be in a number of different places, but the advantages of this are that information can be found, information accumulates rather than being re-typed and the GP only receives relevant information.

There will be an 'assessment pathway' enabling clinicians to 'tour' the relevant screens in TRAK to ensure MH information is easy to find. Relevant sections will be printable for service users or for transfer outwith Lothian. More details are available here.

Design groups have ben established to progress work on the various areas over the course of 2021.

Longer Term Development

In the longer term the intention is to make use of new advances such as AI, decision support and real time monitoring of patients. A proposal is in development to support a proposed strategy for utilising intelligence gathered from analysis of internet usage by Children and Young People across Lothian to improve the utilisation of online Mental Health resources through targeted advertisement of resources to those most at risk. This approach will also offer opportunities for improved understanding patterns of demand, allowing the service to develop models of care which focus on prevention and early intervention. This may be funded within Lothian but is also being considered for innovation funding to support collaboration with a private sector partner.

In total these plans represent a pathway to a far more modern environment for the delivery of mental health services, providing patients with a more accessible, flexible and joined-up cohesive system which should result in higher quality care and better outcomes.

The work is being overseen by a Digital Mental Health Board chaired by the Clinical Lead, Dr Rob Waller, with any major decisions endorsed through the Mental Health and Learning Disabilities Programme Board which includes NHS Board and cross Lothian HSCP representation.

HSCPS: MENTAL HEALTH AND LEARNING DISABILITIES

As discussed in previous sections much mental health and learning disabilities care is delivered through integrated pathways by REAS in conjunction with the HSCPs. This extends to:

- the redesigned Unscheduled Care system where patients will be managed close to home wherever possible but with the option of the IHTT and episodes of hospital admission for acute or rehabilitation care with co-ordination enabled by close liaison and working between hospital and community based staff;

- the management of many patients requiring psychological care which may be provided in primary care, through other psychology services provided by the HSCP or through A12 Psychological Therapies and other specialist services. The patient may be escalated up and down this profile of services as required according to their current condition and its severity. A range of existing and developing HSCP services are expected to be effective in providing local earlier interventions to address developing problems and support resilience relieving pressure on some secondary care services and reserving capacity for those in most need;

- CAMHS where the care of Children and Young People is reliant on co-ordination across schools, Tier 2 services and Tier 3, with participation by Tier 4 in the most severe and complex cases, and other contributions from third sector partners. Again, the aim is for patients and their families to be escalated across these levels relatively seamlessly according to need. This is being enhanced through the investment in school counsellors, the Mental Health and Wellbeing Programme Investment and the shift to multi-agency triage hubs which are progressing in Lothian although further development is needed in Edinburgh.

The importance of this strategic and operational integration between NHS Lothian and its partner HSCP's is reflected in the joint governance structures of the Mental Health and Learning Disabilities Programme Board, the Operational Recovery Group, the REAS Senior Management Team and a wide range of day-to-day management groups and other ongoing collaborative developments.

Nevertheless, the HSCPs are also responsible for a range of other local and increasingly innovative services configured to respond to the unique circumstances and needs of their populations and these are described briefly below (it should be noted that Lothian is a large system with significantly different demographies and geographies across its localities which range from inner-city Edinburgh to rural areas in the Lothians).

ACTION 15

Action 15 funding represents a significant investment by the Scottish Government. The current profile of anticipated spend in 2021/22 is shown in the table below by locality and A15 priority area.

2021/22 spend plans

A15 Priority Area	East Lothian £	Edinburgh £	Midlothian £	West Lothian £	Grand Total £
A&E		179,550		311,569	491,119
Custody suites		98,781	5,000	37,416	141,197
GP Practices	226,666	166,006	454,318		846,990
Other	159,588	1,668,217		683,344	2,511,149
Prisons		234,600		138,460	373,060
Grand Total	**386,254**	**2,347,154**	**459,318**	**1,170,788**	**4,363,514**

2021/22 spend plans as percantage of totals

A15 Priority Area	East Lothian £	Edinburgh £	Midlothian £	West Lothian £	Grand Total £
A&E	0%	8%	0%	27%	11%
Custody suites	0%	4%	1%	3%	3%
GP Practices	59%	7%	99%	0%	19%
Other	41%	71%	0%	58%	58%
Prisons	0%	10%	0%	12%	9%
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**

EAST LOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP

Across East Lothian throughout the COVID-19 period the majority of services have employed the risk-based approach to the RAG categorisation of patients to identify need, priority and support.

East Lothian Community Mental Health Team (which includes mental health occupational therapy services) has continued to deliver services through a mixture of telephone video or face-to-face appointments based on the aforementioned risk assessment and this continues pending changes to the current arrangements.

Group work had initially been paused, however this has now been re-introduced following completion of risk assessments within environments where social distancing can be applied effectively.

The Collaborative Working for Immediate Care (CWIC) mental health model was based on an existing primary care mental health model for accessing same day mental health support to ensure patients received support from a specialist mental health professional at the earliest possible point. This previous model had already shown early evidence of a reduction in prescribing and secondary care referrals. In response to COVID-19 the service was amalgamated with the existing primary care mental health model with an assertive in-reach model to create a countywide multi-disciplinary service including Primary Care occupational therapy and mental health nurses.

The CWIC Mental Health service was expanded in response to COVID-19 to:

- support the numbers of patients presenting with mild to moderate mental health problems, including COVID-19-related anxiety;
- maximise the effectiveness of existing resources and ensure workforce resilience across the county;
- establish easy-to-access county-wide mental health support.

There have been some key learning points across primary care during the pandemic. The CWIC Mental Health service has and continues to observe the following:

- the most common presentations include: Stress/anxiety, depression, trauma and COVID-19-related anxiety;
- benefits highlighted by staff, GP Practices and patients include: timely response, access and the quality of the support and assessment provided by the CWIC mental health team;
- the quality of CWIC mental health assessments has resulted in reduced number of touch points for patients to access secondary care referrals.
- there is a need to continue to forge further linkages across the wider system to co-create cohesive mental health services across primary and secondary care.

The East Lothian Substance Misuse Service (SMS) has been operating a triage system and offering telephone contact or face-to-face contact based on risk. Harm reduction services continue to provide assertive outreach across the county. For those that are self-isolating or shielding, SMS are providing support to deliver opiate replacement therapy prescriptions. In addition to this Midlothian and East Lothian Drugs service (MELD) offer the following:

- peer support and SMART groups virtually, as well as developing new wellbeing groups via zoom;
- delivery of prescriptions to those shielding;
- MELD and SMS have been on East Coast FM Radio offering information and support;
- recruitment of additional medical staff to support Substance Misuse Services;
- increased use of Buvidal as an Opiate Replacement Therapy (ORT).

Drop-in clinics remain suspended. However, patients have been seen on an individual basis if they have presented at the Esk Centre. Plans are in place to re-introduce the drop-in clinics by utilising accommodation where social distancing can be achieved as it has been found that this client group is reluctant to engage otherwise.

Memory clinics for assessment and memory treatment are being carried out by telephone consultation and home visits are being arranged where telephone contact is not appropriate. Outpatient clinics within East Lothian Community Hospital (ELCH) have also been reintroduced where patients are seen in our outpatient department in line with social distaining guidelines. Post

diagnosis support is provided from home by utilising telephone and Near Me services. The waiting list for this service is low and this has enabled the service to increase face-to-face options and clinics.

East Lothian Care Home Assessment and Support Education Service (CHASE) has employed a telephone triage system in liaison with care home staff. Where possible, guidance has been provided over the phone and visits to care homes to undertake observations of behaviour, initial assessments, and medication monitoring which has proved difficult to do via tele/video means are undertaken based on risk assessments. Prior to COVID-19 ELCHASE held clinics within individual care homes and the clinics are to be re-introduced following completion of risk assessments

Admissions and discharges have continued as per normal trends at ELCH. During the COVID-19 period there has been evidence of higher demand latterly from the community. Non-dementia beds have also been transferred from Midlothian Community Hospital to East Lothian.

The Learning Disabilities team in East Lothian continue to make use of a blended approach of telephone / Near Me / garden visits / walking visits where possible. Face-to-face visits continue based on risk assessments and non-essential visits will increase as restrictions are relaxed as vaccination progresses. Waiting lists continue to be screened or validated to check on those who have need for assessment / treatment and those whose circumstances have changed are identified and are allocated for assessments using the most appropriate method. The team have continued to screen referrals throughout the pandemic and any backlog is due to individual cases requiring face-to-face contact rather than a pausing of the service itself.

East Lothian Mental Health Physiotherapy Service has also maintained service delivery although face-to-face appointments are limited to imminent risk of falls or post rehab, or prevention of admission. More recently there is evidence of more urgent activity. Routine one-to-ones have been contacted via telephone in the first instance to understand need and prioritisation.

Improved links with the East Lothian Integrated Rehabilitation Service (ELIRS) has allowed streaming from secondary care mental health referrals to other parts of the service best skilled to meet the needs of each patient. Referrals for musculoskeletal (MSK) or neurology are triaged on to the relevant team unless the patient's mental health is such that they would be unable to engage with these mainstream services. This also includes access to the MSK Near Me service which has proved essential for patients who find it difficult to attend as an outpatient.

All patients on existing exercise therapy group lists have been regularly contacted by telephone throughout to offer support / guide maintenance of physical activity, and to escalate patients with deteriorating mental health back towards Joint Mental Health Team (JMHT) colleagues if needed. Recommencing group exercise therapy is dependent on meeting government guidance, and together with other rehabilitation services providing the same. There is no date for restarting

this therapy. It is likely a return to exercise therapy will be delivered by providing outdoor one-to-one sessions in the first instance.

In response to COVID-19, business continuity plans have been put in place for all teams to ensure that management of risk continues to provide a service fully utilising telephone, video and face-to-face options and these have been fully tested during the recent severe weather.

Staff have now all been provided with the IT required to support new ways of working.

A review of the CWIC service has recently been undertaken and further innovations are planned to support future demand between now and March 2021:

- a review of the staffing model and additional recruitment to support increased demand;
- refinement of the mental health pathway from General Practices to support care navigation into CWIC mental health services;
- development of a nurse-led prescribing pathway;
- implementation of Vision Anywhere to support access to Primary Care records and Near Me to support video conferencing.

At the end of February 2021, a review of the IHTT and CMHT services has been initiated to improve access and the interface between other services and stakeholders, streamline pathways and deliver positive outcomes for patients.

EDINBURGH HEALTH & SOCIAL CARE PARTNERSHIP

The **Edinburgh Thrive four locality based Welcome Teams** have been established during the COVID-19 pandemic, amid restrictions on face-to-face working and high demands on the wider health and social care system. This alone is a significant achievement. The enactment of Living Well Systems in Edinburgh currently consists of four locality-based multi-agency and multi-professional Welcome Teams that deliver holistic, mental health and wellbeing support to people, and connect them into other resources and support in the community where possible.

The multi-agency Welcome Teams are currently supporting people who have been referred to the Locality Mental Health Services by their GP, and these people are identified for support from the Welcome Teams from accepted referrals. The Welcome Teams have supported 203 people between 1 February and 30 November 2020, 86% of whom were within the clinical range for likely needing mental health support when they first accessed the Teams.[1]

[1] Based on the 122 people for whom we have ReQoL data at the start of support.

Stakeholders have described how the Welcome Team staff work collaboratively to support people, drawing on their wide-ranging professional and lived expertise and experience to support them with their mental health and related social and wellbeing issues. People are given choice and control over the work they do with the Welcome Team using tools such as the Thrive Plan. [The average length of support is 12 weeks, with durations ranging from one day to 32 weeks[2].

There are promising signs that Thrive is able to achieve many of its intended outcomes for people. The early data shows the support provided by the Welcome Team is highly liked by the people on whom we do have data, and that many of these individuals are seeing meaningful improvements in their lives:

- **Progress towards personal goals.** 100% of people saw an improvement on at least one of their personal goals between the start and end of support with the Welcome Team (Figure 1), and 95% fully or mostly achieved at least one of their goals (n=20). On average people took 1.7 steps towards each of their goals. These are strong indications that people are moving towards living the life they want to lead. While two people moved further away from one goal (11%), no-one moved away from more than one goal.

- **Improvements in recovery and quality of life.** 50% of the people on whom we have data at start and end of support are seeing a meaningful improvement in their recovery and quality of life based on the ReQoL data. The mean ReQoL score also increased by 5.0 points from 18.3 at start of support to 23.3 at end of support, a statistically significant increase[3] (n=24).

- **Improvements for some in feeling connected and having positive relationships**. 39% of people reported improved satisfaction in their relationship and with family relationships and 39% also reported improved satisfaction in the number and quality of their friendships at the end of support (n=23). The levels of improvement are a little lower here. The role of social isolation resulting from COVID-19 restrictions could be a contributing factor – more research is required.

- **Improvements for some in ability to work, study or volunteer.** Improvements in this domain were particularly impressive given the challenges posed to work, study and volunteering by COVID-19. Seven people were neither in paid employment, a voluntary role or education at the start of support, nor applying to be (29%, n=24). At the end of support, one of these people reported being in employment and three reported that they were applying for roles. More generally, 65% reported an improvement in satisfaction with their job, studies or other occupation by the end of support, and only two (9%) reported a deterioration (n=23).

- **Good quality and person-centred support.** People who accessed the Welcome Teams and who answered the "How did we do?" questionnaire were generally extremely positive about the support they had received, and their responses indicate it is person centred (n=21 to 22). For example, all people reported that their Welcome Team worker listened to them (100%) and took the time to understand their situation (95%). People found their Welcome Team worker supportive (100%), and they were able to express how they were feeling (95%). More than 90% of people reported that the support was helpful and that it made sense, more than 90% would

[2] Based on the 32 people for whom an end of support date was provided.
[3] Significant to the 95% confidence level, based on the paired t-test.

recommend Thrive to a friend and more than 90% would come back to Thrive if they needed to seek help again.

There is also emerging evidence that the Thrive work has led to increased collaboration between different organisations in Edinburgh, and that a collaborative team culture is developing within the Welcome Teams. There will be additional data **c**ollection in 2021. This will include a second round of interviews with stakeholders, secondary analysis of qualitative research conducted by Innovation Unit and Edinburgh Thrive with people who have accessed the Welcome Teams, and a survey of staff and volunteers.

Thrive Procurement. In August we awarded £2,610.000 (annual value) of services to a range of 3rd sector providers following our Thrive Collective Procurement process. From 1 December 2021 5-year contracts are in place for:

- **Thrive Locality Teams** in each locality delivering emotional and psychological support reflecting characteristics of the local population;
- **Places and Spaces** Providing safe places for people to connect that are inclusive but not exclusive; maximising use of the city's assets; include a focus on evening and weekend opening;
- **Physical Activity and Green Spaces** maximising the city's assets for improved physical and mental health;
- **Arts and Creativity** delivering to a year-long "Thrive Arts Programme", administering a grants programme and maximising the city's cultural assets;
- **Peer Development** establishing Community of Practice to support development of peer workers and peer work across the city;
- **Service User Led Research** increased opportunities for service user-led research which reflect the priorities identified by the Thrive Partnership;
- **Carers Support** supporting carers as new services are developed;
- **Service User led Support Groups** supporting peer led self-help / support groups for people with mental health conditions.

Resetting Thrive. Our second Thrive Edinburgh Conference chaired by the Lord provost will take place in late April 2021. This will give stakeholders an opportunity to be updated on developments in 2020 and to reset and accelerate priorities in light of COVID-19 experience and the pertaining circumstances.

Thrive Exchange. The Thrive Exchange has been established. This is a community of practice which brings people together to collaborate and support one another to change practice through evidence, harness the breadth of knowledge and expertise we have in Edinburgh, build a sustainable research culture and promote the role of research and development in securing mental health and wellbeing improvements across Edinburgh. 55 people with a wide range of expertise and experience

have joined this network. Bi-monthly seminars were established with the first Exchange held in December 2020.

Redesign of Urgent Care In line with the Scottish Government's Redesign of Urgent Care (RUC) project which aims to support public access to the "Right Care" in the "Right Place" at the "Right Time", work is rapidly progressing on creating an **"Urgent Mental Health & Distress Care Service"** with a clear, shared referral pathway which will retain the statutory function of providing urgent mental health assessment and will therefore be staffed at all times by experienced mental health nurses. These nurses will be joined by other staff – Navigators employed as part of the Thrive Collective - whose role will be complementary: focussed upon alleviating and containing distress and linking people into appropriate support, thereby "freeing" the mental health nurses to focus on areas where their specialist expertise can add most value. Pooling of resources in this way will allow a more effective response and ought to take pressure off other "up all night" services such as ED, hospital wards, SAS and Police Scotland. The Urgent Mental Health & Distress Care Service will systematically identify this cohort of people and proactively case manage them with a view to securing a more effective pattern of engagement with appropriate scheduled services.

The service will draw on lessons from PACT, (the Patient experience Anticipatory Care planning Team, embedded within DPM at RIE and WGH), which uses an algorithm to systematically identify the highest users of acute hospital services who are then proactively engaged in the collaborative development of a highly individualised, detailed anticipatory care plan designed to optimise self-care and engagement with effective resources. PACT has been well received by staff, service users, and their relatives/carers and has been shown to substantially reduce urgent attendances and overall costs

Place to Live. The 'Place to Live' work stream focuses on ensuring that people with mental health problems have a safe place to call home in which they feel safe, receive the support they need and can connect to and be part of their local community. This work is closely aligned to the strategic principles of Home First and seeks to minimise institutionalisation, maximise community provision and ensure that when hospital care is required, it is a safe and therapeutic experience which reflects the person's needs, levels of acuity and functioning.

Supported accommodation including visiting support services are essential services to people with complex mental health needs. These services enable people to move on from hospital, in particular the Royal Edinburgh Hospital and live in a place in the community. It helps them with their recovery and with the improvement of their personal outcomes if they have a place to live that is supportive and a base for meaningful activities including work and volunteering opportunities.

Work to develop a new framework agreement and recommission accommodation with support is underway. This includes the need for more flexible arrangements with multiple providers and between providers and H&SC staff around clusters and localities based on the three conversations approach. There is a requirement to increase the ability for providers to respond flexibly to

fluctuating levels of need and undertake reviews of service for people that they provide support to. There is a strong desire to move towards outcomes-based commissioning and this will be explored further through the commissioning and in the development of the new service specification.

Thrive Rights in Mind workstream – Human Rights Based Care in Health and Social Care Services

A new rights-based care partnership was formed in December 2019. This has representatives from advocacy organisations, academics, Police and health and social care. This group agreed to work together to hold a rights-based care partnership symposium in October 2020. The objective of the symposium was to identify concrete ways in which this 'new' rights based approach could be operationalised in the delivery of health and social care for persons with lived experience of mental illness, personality disorder, learning disability, autism and dementia.

Adult Community Mental Health Services. The EIJB supported the sign up to the Royal College of Psychiatrists Standards for Adult Community Mental Health Services (ACOMHS) [1]. This is an accreditation programme which works with staff to assure and improve the quality of community mental health services for people with mental health problems, and their carers. Accreditation assures staff, service users and care commissioners and regulators of the quality of the service being provided. It engages staff in a comprehensive process of review, through which good practice and high-quality care are recognized, and teams receive support to identify and address areas for improvement. The programme has involved service users and carers as a priority, and people with first-hand experience of using community mental health services have been encouraged to get involved in all stages of the development process. There has been a delay in commencing this work due to COVID-19; we aim to commence in Spring 2021.

We continue to publish regular **Thrive Edinburgh Briefings** which are disseminated widely and feature information and resources on all the wider social determinates of health and wellbeing. Our bi-monthly **Thrive Dialogue** sessions continue to focus on pertinent issues in the city and seek to build momentum for our social movement on public mental health.

MIDLOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP

Across Midlothian, during the peak of COVID-19 and throughout the Remobilisation period (April onwards), no services have been suspended fully or delayed other than group provision (as with other HSCPs). As described in the CAMHS section above, community mental health teams are employing a risk assessed approach to care by RAG rating patients before contacting them for ongoing treatment. Group work was gradually reinstated from July onwards with some small scale, successful pilots informing learning for a much more comprehensive restart. However, it is currently suspended again and will recommence when the current more stringent lockdown restrictions are relaxed.

Outpatient appointments are predominately being delivered by telephone. Significant reinstatement of face-to-face contacts requires other services opening their premises e.g. Midlothian Community Hospital and GP practices and this remains under review and subject to lockdown regulations before clearer timescales can be committed. However, some face to face provision continues to be provided in some H&SCP buildings - No 11 and Loganlea.

The Substance Misuse Service (SMS) is also risk assessing patients using the RAG system, above. Group supports have been the main impacts for this service, and it is likely that they will continue to be suspended for now due to lack of available premises to ensure safe physical distancing. Patients have been seen via outreach to their homes / hostels and this continues. We have developed our Assertive Outreach model for the most at risk clients over the course of the last year.

The Primary Care Mental Health Service has been delivered through home working in the main. This is predominately due to the lack of availability of space with GP Practices employing strict criteria as to how many staff members can occupy buildings. Waiting lists in community mental health teams have increased during this period and urgent referrals have increased due to unavailability of respite and day care. This service will continue to provide assessment and follow up over the phone with patients. It is anticipated that this service will resume from GP practices once the wider primary care team are able to return to their premises; no date set as yet. Across Midlothian, all staff have the ability to work from home if shielding (although overall numbers of shielding staff in Midlothian has been low) or on rotational days in/out of the office.

The IHTT has continued to operate without disruption through the use of PPE where face-to-face contact is necessary. During this period the team have also managed to 'on-board' the Midlothian Unscheduled Care Service (LUCS) during out of hours periods. We anticipate that this shall continue over the next few months as a minimum. Thereafter discussions will need to take place as to how and if these arrangements should be made permanent. This will be subject to an appraisal of outcomes and impacts on the wider system and the wider work undertaken on the Redesign of Urgent Care.

Throughout the remobilisation period, arrangements have been put in place to support staff. The following actions are still in place:

- a staff wellbeing group was established with phone line set up for Midlothian colleagues. However, this has now ceased due to lack of uptake;
- the self-referral access clinic in Midlothian has received more health / care worker referrals since COVID-19;

- introduction of a flu vaccination programme for staff and COVID-19 vaccines;
- a better balance of in work and home working has been established for all teams/ people, while still maintaining physical distancing;
- gradual reintroduction to the workplace for those who have been working from home or shielding with risk assessments shared with all staff so they are aware of what is happening. This has varied however and shielding staff are once more working from home;
- plans are now in place for no more than 50% of staff returning to the workplace on a daily basis. As a result, further engagement is underway to secure condensed/flexible working patterns and remote access to minimise footfall. This is planned to remain operational for the next few months and, depending on decisions regarding restrictions, beyond if required.

In addressing the anticipated rise in demand for services the use of Near Me will continue to allow teams across PTS and IHTT to manage treatments. The use of this technology for the SMS is progressing but it is more likely that the delivery model will focus on more face-to-face / outreach methods.

Midlothian HSCP continue to have ongoing conversations and meetings with third sector partners, Midlothian IJB and GPs in particular. Better links have been forged with Peers and Collective Advocacy in terms of feedback from clients/ patients. Teams have had to provide encouragement and support for commissioned third sector to provide face-to-face contact for the most vulnerable clients rather than relying on phone contact. This has been successfully negotiated for some clients and there is visibility on wider 'Recovery Plans' as restrictions ease. Midlothian will need to continue to work with commissioned third sector services for substance misuse to look at pathways for those clients that are rated as green to allow a more concentrated focus on amber and red clients using assertive outreach approaches. Further meetings with third sector colleagues are planned. This remains ongoing in the face of anticipated increase in DRD's so far in 2021.

Working with other partners across the IJB has allowed some of the most vulnerable patients to be provided with food, mobile phones etc. where usual arrangements are not possible.

WEST LOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP

Acute Services

West Lothian Health and Social Care Partnership (WLHSCP) has operational responsibility for a number of services that sit within St John's Hospital (SJH) as well as providing community care for patients with mental health and learning disabilities. The wards at SJH include: Ward 1 IPCU, Ward 17 Acute adults and Ward 3 over 65s.

Over the course of remobilisation efforts there has been little change made to service provision due to COVID-19 pandemic. The wards continue to admit and discharge as per standard operating

procedures. Processes are in place for demarcating areas, moving and isolating patients, and are in line with infection control protocols. There are six single rooms within Ward 3 that can be used for COVID-19 positive patients and this will remain throughout the foreseeable future to ensure system flex to accommodate patients in this area. Ward gyms have been taken out of action however will be made available to patients again when safe to do so.

There is a daily review of bed capacity in all ward areas to ensure capacity is optimised. Where there is need for significantly more bed capacity other ICPUs in the Royal Edinburgh Hospital (REH) and other areas of Scotland can be considered.

The ICPU model is very flexible and requires daily review of capacity and demand. Any further increases in COVID-19 cases would be managed as they have throughout the pandemic. Whole system working between NHS Lothian and WLHSCP has ensured that PPE stock is adequate.

Community Services

Community based unscheduled care services have also continued to deliver services face to face based on assessment of risk. The two Community Mental Health Teams (CMHTs), West Lothian Community Addictions service and ACAST Intensive Home Treatment Team assess patients as a multidisciplinary team and decide who should respond, and whether this could be done face to face, via Near Me or on the telephone. Although moved to OPD5 during the first lockdown in 2020, ACAST has returned to the ED and continues to see patients face to face, as per risk assessment.

There have been reports that some patients prefer to be seen using Near Me due to staff being required to use PPE for face to face appointments. Group treatments have been suspended and services are exploring alternative ways to provide these. Mental Health Occupational Therapy has led the way and used 'Book a Bridge' and 'Near Me' to present and deliver sessions with multiple people. In a number of services patients are being provided with 1:1 treatment as an alternative.

New ways of working have been established across the team, including use of technological options as mentioned and changing working hours. The team have responded to the change and understand such a change may be required again should cases increase and pressure build. The daily RAG tool developed throughout the pandemic to manage flow and capacity will continue to be utilised.

The Community Addictions Service has remained open and accessible throughout the pandemic without significant disruption however, some services were moved to online and onto the phone, assessing individual need in each case to deem face-to-face visits as necessary. The Addictions In-patient services are planning amended service (Lothian and Edinburgh Abstinence Programme) and have already re-opened with reduced numbers allowing for physical distancing.

All West Lothian drug and alcohol services are currently meeting waiting times standards (A11) however caseloads have risen. Plans are in place to liaise with general practice and partner agencies to re-establish throughput and address this caseload increase.

A daily prescribing clinic, established at St John's Hospital, has allowed for 'on the day' prescribing of opiate substitution treatment. This is operational Monday to Friday in line with the anticipated Medication Assisted Treatment Standards. The Community Addictions Team continue to work with NHS Lothian Public Health on monitoring demand for service and collaborating with our Addictions Care Partnership on a flexible distribution of workload in response to changes in demand.

Across community mental health teams, phone contact is now standard practice before any face-to-face contact is conducted. A risk assessment is then carried out to determine the need for the contact based on the RAG tool. Patients are asked, when possible to attend appointments in Bathgate Partnership centre (base of CMHT East) or St John's Hospital and health centres if possible. This minimises the need to go into a patient's home and as a result protects staff from potential safety concerns. All services will continue to operate as they have, this included DEPOT clinics and Clozapine Clinics.

The Community Psychiatric Nurse (CPN) service has continued to function throughout the pandemic switching from one-to-one face-to-face appointments to direct telephone appointments for both assessment and treatment. Where face-to-face contact is deemed necessary the CPN service continues to be managed through use of appropriate PPE for a home visit while maintaining physical distancing. WLHSCP is committed to working in this way until it is deemed safe to deviate from this approach.

Throughout the peak periods of COVID-19 and beyond, the Older People Community Mental Health Team (OPCMHT) have continued to assess patient care, through the RAG prioritisation to identify patient care needs from essential to non-essential. This has enabled the service to reduce capacity of face-to-face visits by providing phone or virtual support via Near Me instead. This has in turn freed up capacity to meet the increasing demands of urgent and crisis support and assessments.

The Post Diagnostic Service (PDS) Team have provided phone support only for their caseloads and currently have a waiting list. Face to face support and assessment to complete the five pillars with patients and carers is being delivered out of a dedicated a space within OPD5 as per guidance. Staff are working in partnership with consultants to look at how to resume the Memory Clinic; at present staff have carried out parts of the (Musculoskeletal Advice and Triage Service (MATS)) assessment where patients and relatives have engaged using phone to complete the formulation part of assessment. Duty Liaison Community Psychiatric Nurse for the Elderly (CPNE) service has remained unchanged with staff providing more telephone input if appropriate however will attend the Emergency Determent if required.

The Community Wellbeing Hubs have reduced service commitments as per guidelines during the pandemic by stopping one-to-one, face-to-face interventions and group interventions which represent a significant portion of activity, as well as full assessments. Throughout this period, they have continued to provide telephone support, signposting and advice. From July 2020, the hubs have increased service by offering full telephone assessments and treatment via telephone and Near Me. The Hubs are now the leading service for the use of Near Me within the remit of the WLHSCP. There is no backlog or waiting list at present. The service is a short-term intervention and has a good communication processes with service users through phone and letter.

In planning for future periods of peak demand, the WLHSCP has a robust 'work from home' rota in place to reduce staff numbers within both hubs to ensure staff safety and adherence to physical distancing. As of yet no patients are able to enter the Hubs and signage is clearly displayed regarding physical distancing and room capacity with hand sanitiser and PPE in stock if required.

All staff are encouraged to use the Scottish Government's promis.org website and use NHS inform to ensure they feel supported through online information and advice. In addition to this the following interventions are in place to support staff:

- increase in using technology to both support patients to receive care and support staff to work together remotely;
- engagement with Westspace, the West Lothian online site of information and advice;
- the introduction of the West Lothian HSCP Mental Health services twitter page has received positive feedback. @WLMentalHealth;
- continued commissioning of 'Carers of West Lothian' to deliver both carer support and disability information and advice. They also deliver support to BAME carers.

Given the economic impact of the pandemic and inequality, the partnership are working with community planning partners to ensure that there are robust supports in place for people in most need. The Senior Development Manager for Mental Health sits on the West Lothian Anti-Poverty and Health Wellbeing Working Group and is currently supporting the gathering of evidence around social needs related to COVID-19 and will use that evidence to inform decision making and funding priorities going forward.

14. Remobilisation of Acute Services

14.1 Delivery Against Framework for Recovery of Cancer Surgery

All pre-COVID-19 theatre sessions supporting cancer workload are open and will be maintained throughout 21/22. Additional capacity will be provided where possible through weekend sessions for breast, plastics. Spire Murrayfield will provide robotic prostatectomy for 5 patients per week up to mid July. Given the benefit of released capacity already seen it would be our ambition to continue with this additional capacity should funding be available to support. We will continue to have access to 16 sessions per week to support urgent and cancer surgical work at Spire to the end of March 2021.

National cancer recovery funding has been applied for, and if secured will enable the following developments:

- Prehab for agreed high priority pathways - providing specific dietetic and physiotherapy input pre operatively.
- Development of navigator roles across several selected tumour groups.

The QFIT pathway will be strengthened and embedded within colorectal and endoscopy throughout 2021. A comprehensive action plan to support this has been agreed which includes :- appropriate nursing and information management resource including definition of role and responsibility; downgrading of referrals ensuring appropriate streaming to radiology; revising and ensuring a consistent plan for patients who do not return test; roll out of test in Primary Care in line with national programme.

14.2 Diagnostics

Cystoscopy

Cystoscopy capacity remains under significant pressure with USOC referrals for cystoscopy now exceeding pre COVID-19 levels and numbers per list reduced by 15%. Measures to increase cystoscopy capacity include regular weekend lists and appointment of additional specialty doctor and locum Consultant staff. The service will implement an outpatient delivered redesign in May 2021 enabling release of theatre capacity. Nurse led follow up in line with Scottish Access Collaboration Waiting List Validation work-stream will commence for bladder cancer patients.

Endoscopy

The service will continue to work with pre COVID-19 capacity up to 70% while infection control measures continue and increase turnaround time. Implementation of LumeraDX testing is planned for February 21 which will enable reduction in turnaround time and return to pre COVID-19 numbers per session for green pathways. This will start in East Lothan Community Hospital ELCH and SJH. Capacity in all sites will be maximised with ELCH providing 14 sessions per week by May; a 4th room in WGH fully operational by April; QMH Fife additional capacity extended to mid-2021 at a minimum.

In considering service developments – cytosponge will be operational by May 2021. Ongoing constraints for implementation of Colon Capsule endoscopy include information management platform and internal resource to support the triage and pre procedural element of the pathway which is not being supported through national programme.

Radiology

Radiology will continue to deliver all urgent diagnostics within 2 weeks of referral. The initial focus for 2021/22 will be to reduce the backlog which has developed for scheduled care CT, MRI & US since December due to unscheduled care pressures.

Demand for unscheduled care imaging is linked with both increased volume and acuity of patients presenting. Further exacerbated by the loss of some external provision over the Christmas period and subsequent lockdown.

External provision will be continued throughout 21/22 with partners including The Edinburgh Clinic, Spire, GJNH & University of Edinburgh Imaging departments. It is expected that the mobile MRI currently located at Mid Lothian Community Hospital will continue at least until the end of quarter 1 21/22.

Radiology will pursue the procurement of additional Soliton Radiology Information System software to improving information exchange and improving operational efficiency.

During 20/21 the Board has approved an investment of £1.9m in the Radiology Recovery Plan, in order to address identified capacity constraints. The impact will be monitored against ongoing capital and revenue requirements.

Dexa

Dexa scanning will return to pre COVID-19 activity levels between May and July further to incremental increases in activity and replacement of the 2nd Dexa scanner. Mitigation around the high DNA rate (estimated at 27% Dec / Jan) will be through telephone reminder service.

14.3 Women and Children's Services

Services falling under the Women's and Children's umbrella are managed by a variety of different management Teams and directorates. Ultimate responsibility for service delivery remains with those individuals normally accountable.

It is the ongoing responsibility of service leads and their management Teams to ensure that necessary preparations remain in place to ensure that:

- Normal service is maintained as far as is practicably possible
- There is clarity around plans in place to maintain essential services where it is not possible to maintain all service provision
- Staff absence continues to be reported and managed appropriately
- Any necessary measures are in place to ensure the health and safety of all staff
- The longer-term implications of short-term changes to service users are understood, risk assessments are carried out and any mitigating measures are put in place

The service has prioritised areas which enable smooth delivery of remote patient access during this unusual period of working. These are:

- Reviewing patient contacts to ensure that links with individuals are maintained, particularly those deemed 'at risk'
- Reviewing service delivery to make the fullest use of telehealth possible, within the boundaries of what is appropriate for the situation and the patient
- Managing staff absence in light of the strain placed up on staff due to the pandemic
- Ensuring robust screening procedures are in place prior to in person consultation, to protect staff from COVID-19 transmission
- Strengthen support for staff with childcare responsibilities

14.3.1 Children's Services Plans

The health and wellbeing of Children and Young people will be adversely affected by the ongoing restrictions being placed upon the general population, with many of the anticipated impacts upon children beginning to borne out in new and emerging evidence.

In particular those children and young people who are already disadvantaged will face increasing challenges and increased inequality, leading to future negative effects upon their healthy development. As such it is vital that NHS Lothian continues to maintain service provision to those populations who are most at risk, and ensures that early steps are taken to identify and mitigate against new risks arising from the ongoing pandemic.

Going forward a detailed risk register for all child and maternal health related services will be developed and continuously monitored. This will facilitate the escalation of key risks to senior management, and support the identification of mitigating actions to ensure that harm to services users is prevented or minimised.

Child Protection

NHS Lothian's Cause for Concern Record process has continued throughout the pandemic, with no discernible difference to the numbers of referrals on previous years. This suggests that children continue to be identified through universal assessment processes and acute referrals.

High levels of contact percentages with those children with an open cause for concern record have been reported. This continues to be monitored fortnightly.

Case supervision policy (with CPAs and HVs/FNs) for all cases where children have been identified as vulnerable/at risk has continued, albeit remotely by phone or MS Teams where possible.

The IRD process remains unchanged, with a dedicated multi-disciplinary team available Mon-Fri 9am-5pm and out of hours with an on- call Consultant Paediatrician service

Likewise, advice and support from Child Protection Advisors remains available during working hours as previous.

Child Protection Training has resumed in Edinburgh and steps are being taken to progress this within other local authority areas.

Case Conferences continue to be held across all local authority areas virtually.

Community AHP Services

Community AHP services in Lothian will continue to be maintained wherever possible and will continue to support CYP and their families through balanced service provision across Universal, Targeted and individualised care levels.

This includes support for families and carers, training and learning for the wider workforce and working with partners to ensure community enabling environments. CYP AHP service delivery should be based on risk based active clinical referral triage and will differ across AHP professions.

AHPs will support children and young people and their families and carers to manage their own health conditions utilising new ways of working with and engaging with them such as Near Me and telephone consultation, whilst acknowledging a face to face option must be retained as appropriate. Emerging evidence of the impact of the pandemic restrictions, absence from school and social isolation on children and young people will help AHPs shape services accordingly.

The below illustrates examples of changes to service delivery and pockets of emerging good practice resulting from changes:

- Ongoing access to and use of Near Me for initial conversations, assessment, interventions and ongoing support.
- Access to “Helplines” have enabled CYP, parents, carers and anyone requesting support to contact AHP services directly for advice
- Increased use of social media has been utilised to provide universal strategies and a newly established You tube channel has enabled access to “video advice”
- Digital Training workshops for education staff e.g. ASD
- Changes in education i.e. offering places to vulnerable children within local schools has improved the delivery of our services and access to children and YP
- Children and YP who had challenges with access to hardware last lockdown seem to be better identified and supported by schools (West Lothian)
- Increase in direct parent requests and general requests this lockdown in comparison with last suggests increased awareness of need and access to services
- Use of asynchronous clinical video technology as an additional follow-up pathway for high-risk neonates and children, both for immediate use in the COVID-19 pandemic and for improved practice beyond

- Physiotherapy - The majority of our complex respiratory patients (predominantly CF) patients participated in indoor, coached activities which have now stopped due to COVID-19. As an alternative, we now provide virtual exercise classes to these children which they can participate in from home

Services do however continue to face a number of key challenges, namely:

- Access to adequate IT/hardware for staff to deliver effective digital support in the community continues to be challenging, with delays in delivery of equipment leading to difficulties
- Redeployment of some CYP AHP staff to support prioritised adult services has led to staffing challenges
- Physiotherapy - by its very nature is a hands-on profession and require us to see a higher proportion of children F2F. We are concerned that all children and young people are accessing these appointments especially those that are 'time critical' eg DDH. Increases in waiting times for routine F2F physiotherapy appointments especially children with MSK conditions may lead to chronic longer-term issues
- Establishing an effective digital group platform to support delivery of parent workshops and training has proved to be challenging

Family Nurse Partnership

The FNP service continues to take new referrals into the service. The ReValuation Report demonstrated that families receiving the programme have very high levels of complex vulnerabilities and health needs including mental health challenges and domestic violence with 88% identified with socio economic disadvantage.

There is emerging evidence that the client group supported by the FNP are experiencing an increase in domestic violence, increasing mental health issues and significant negative impacts upon child development. In order to mitigate against this staff are attempting to undertake F2F consultations for those clients most in need or experiencing periods of severe issues.

The team continue to make use of telehealth resources, and were successful in obtaining funding via a connecting Scotland bid for chrome books which has helped to improve access for clients.

The FNP team have noted an increase in the number of families with financial struggles, further exacerbating existing mental health issues, and adding further layers of complexity to clients' lives.

A reduction in 3rd sector capacity, and increasing demand on services such as foodbanks, has led to a corresponding increase reliance on FNP staff as additional support networks have become less available.

A reduction in capacity and delays within housing services has led to clients being forced to stay in inappropriate accommodation for longer than they otherwise would, due to a lack of alternatives. This has a knock-on impact upon clients' mental health, when faced increased stress and anxiety around housing issues.

The vulnerability of the client group leads to increased impact in terms of stress, and a feeling of a lack of hope which has a significant negative impact upon the mental health of clients. Likewise, the effects of repeated and ongoing lockdowns and the subsequent isolation this leads to has a severe impact on this group.

In terms of staffing, changes in ways of working have now been sustained for extended periods of time, and there is an emerging risk of burnout amongst staff.

Health Visiting

Health Visiting Teams continue to screen (using the agreed screening assessment tool) clients to risk assess each visit to ensure they are not and have not been in contact with anyone who is COVID-19 symptomatic. These conversations are recorded on the screen tool and on a standard proforma for each client.

A Home Visiting Standard Operating Procedure is in use for all Home Visits highlighting, pre-visit screening, clients who are shielding, PPE and physical distancing.

The Health Visiting Service continues to adhere to the Scottish Government's COVID-19 Guidance for Health Visitors. The current guidance commenced on 17/11/20 and Health Visitors have been advised to continue using the current guidance – Restricted Measures (Level 4).

In line with Scottish Government guidance, all patient contacts other than those face to face visits identified above should take place using 'Near Me' system or by telephone.
We have developed a 'Near Me' Standard Operating Procedure for Health Visiting and are in the early stages of trials across Edinburgh.

All face to face visits are risk assessed and take place in accordance with health and safety and infection control policies. In all cases, professional judgement is the driver for determining level of support required, to keep individual children and their families safe and well during this time.

For antenatal visits, professional judgement remains the driver for determining level of support required.

When caring for newborns who are also under the care of the community Neonatal team health visitors & family nurses will consult neonatal and maternity TRAK and record in Community TRAK notes that they have done so. Staff will maintain close contact with community neonatal nurses for all cases where a baby is under continuing care.

Health Visitors continue to undertake 6-8 week check as per UHVP and Scottish Government guidance.

All childhood immunisation programmes have been identified as essential services and, as such, immunisation clinics continue to run as normal where staffing levels permit. Communications have been shared across NHS Lothian social media platforms to advertise this to parents. Attendance at immunisation clinics is being closely monitored, with a public information campaign being shared prominently across all NHS Lothian platforms. Health Visitors continue to promote the uptake of immunisations.

Child Protection Supervision continues as before either remotely via telephone or VC where possible. Supervision will continue to be recorded on TRAK in the usual way.

Attendance at work remains stable with sickness absence reported as low throughout the lockdown to date.

Staff wellbeing has been prioritised by promoting staff wellbeing resource available.

The Health Visiting staff have participated in Peer support and team resilience building facilitated by the Psychology team based here at the RHSC.

We continue to engage with all member of staff within the Health Visiting Service providing team and management visibility where appropriate.

There continue to be a number of operational issues with regards to service provision, as outlined below:

- IT Communication – There have been challenges for staff accessing Child Planning Meetings, Case Conference, Training etc due to lack of available technology. In order to mitigate this, smartphones have been issued to staff which has supported improved communications. We have introduced remote access NTX gateway for those staff shielding and have shared the limited amount of laptops that have been available to our service. A further delivery of laptops and smartphones is anticipated in the near future.
- Physical distancing – All Teams have undertaken a PD risk assessment within each base which is reviewed regularly. Challenges remain due to lack mobile IT equipment. Staff rotas have been put in place to minimise the number of staff within any given premises at any one time.
- Accommodation – HV Teams have been asked to either downsize rooms and/or share areas with other Teams which has resulted in many Teams having to ask staff to work at home on a rotational basis. HV Teams have also been given notice to vacate GP premises where we have an office to allow more space within the GP practice. The impact of being asked to vacate a HV offices to allow for more space within practices has impacted not only on service delivery, clinical risk but also staff wellbeing and stress.

School Nursing

School Nurses continue to adhere to the Scottish Governments COVID-19 guidance for the School Nursing Service. Staff members continue to work from their Health Bases providing telephone and 'Teams' Contact to education staff, young people and families where required.

During school closures Requests For Assistance to the school nursing service has significantly reduced. School Nurses continue to ensure that schools are aware that the service remains open and we have evidence to suggest that staff are contacting the service as necessary.

Due to the lack of mobile IT School Nurses have reported difficulties communicating with education staff especially during, child planning meetings, case conferences and training. We have shared resources (webcams) where possible.

School nurses in Edinburgh were deployed to manage the 2-5 nasal flu programme that ran from October 2020 to December 2020. The School Nursing service remained open (limited service) over this time and are in a period of recovery in terms of outstanding work.

Contingency planning for the School Nursing Service is underway in terms of the proposed reopening of schools (Primary 1-3) from February 2021 onwards. Prioritised work will include the health assessments of all Primary One children and completion of the screening programme. This will involve an all workforce effort to ensure this work is complete by end of June 2021.

Child and Adolescent Mental Health Services

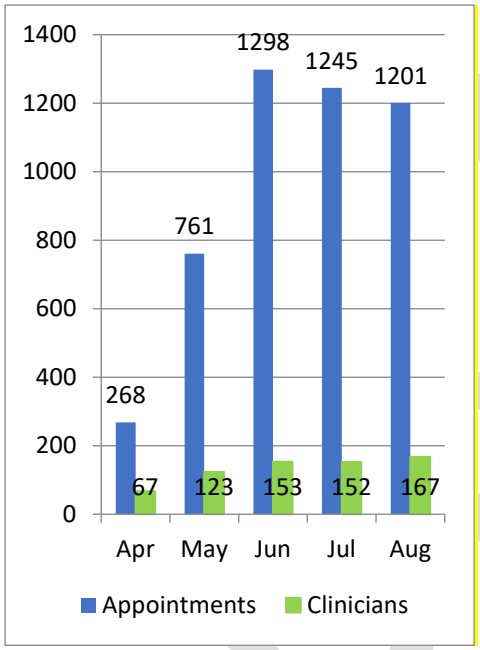
CAMHS service priorities are set out in the CAMHS Pandemic plan and are as follows:

- CAMHS Inpatient Unit
- CAMHS Assertive Outreach Team
- CAMHS Day Programme
- All other CAMHS Outpatient Services – Red RAG scored patients
- All other CAMHS Outpatient Services – Amber RAG scored patients
- All other CAMHS Outpatient services – Green RAG scored patients

The CAMHS Inpatient Unit successfully transferred to a new purpose-built facility 15th January 2021. The new facility includes 12 ensuite private bedrooms, extensive courtyard and greater communal space. The new facility has permitted greater access to private, communal and outside space to the wellbeing benefit of young people and their families during the COVID-19 social distancing restrictions.

Admissions from other areas will not be restricted but the inpatient team will continue to apply normal practice regarding these which is based on a range of factors, gender mix, acuity, and risk assessment.

Frontline Outpatient service provision has been protected and in addition to offering 4.5% more appointments that compared to pre-pandemic, the service has successfully migrated to additional offering of digital delivery of 1:1 and group delivered intervention.



There remain ongoing challenges in offering the full range of CAMHS interventions via digital platforms.

Further to new infection control advice in light of the new 'Kent' strain, and similarly to our CCH partners, CAMHS were required to suspend the adapted ADOS assessment that had been delivered since late summer 2020. CAMHS and CCH are engaging with infection control practitioners to risk assess a new adapted ADOS offering.

Outpatient Teams are reviewing caseloads to make assessments of patient needs and will revert to telephone or Near Me consultations if possible. Patient status will be monitored on an ongoing basis.

Outpatient Teams continue to screen patients to ensure they are not symptomatic and that there is no one present in their household who is symptomatic.

From May 2020, a CAMHS clinician is deployed 7 days per week between the hours of 7am and 10pm to work alongside MHAS and ACAST emergency mental health Teams to provide CAMHS specialist support to children and young people who may present in crisis. The CAMHS unscheduled care was reported as successful. A permanent unscheduled care resource will be provided from spring 2021.

Perinatal Mental Health Services

As with CAMHS, PMHS service prioritisation is set out in the PNMH Pandemic plan:

- MBU
- CPNMHS – Red RAG scored patients
- CPNMHS – Amber RAG scored patients
- CPNMHS – Green RAG scored patients

The Mother and Baby Unit continues to operate as normal, and continues to be open to new admissions with risk assessments undertaken to ensure that COVID-19 positive patients are cared for in a safe manner. Where appropriate, plans will be made for discharge of existing patients to the community setting. In most circumstances, it would not be appropriate to admit well women for preventative interventions in the early postpartum to an MBU, this will be managed within the community.

Risk assessments will be undertaken to ensure that COVID-19 patients are cared for in a safe manner and MBU will remain open to admitting women with suspected/confirmed COVID-19 where it is clinically judged that it is most important for the mother-infant relationship AND the infant's development to do so. This would most likely be the case with very young infants. At all times, the decision to admit a mother with suspected/confirmed COVID-19 together with her infant will considered the best interests of the infant, the mother, other mothers and infants on the MBU and staff caring for the woman and infant. Where a woman or infant who is already an inpatient, develops suspected/confirmed COVID-19, the same criteria will be applied in order to judge whether the mother and infant remain on the MBU. A woman's ability to provide care for her infant may be compromised by physical impairment (e.g., extreme lethargy) due to COVID-19. Unless the duration of symptoms is brief, it may be more appropriate in those circumstances for the infant to be cared for at home by another family member, who can provide more consistent caregiving. During the COVID-19 pandemic, in most circumstances, it would not be appropriate to admit pregnant women who have suspected/confirmed COVID-19 to an MBU.

As with other services, screening processes are in place to ensure that symptomatic patients do not attend consultations in person with the community team and arrangements are being made for consultations to take place via telephone or Near Me.

14.3.2 Maternity and Neonatal Services

The Scottish Government issued further guidance in relation to the ongoing provision of Maternity and Neonatal services during the pandemic in December 2020. This guidance recognised that Maternity and Neonatal services provide 'essential acute, integrated and community service, providing both scheduled and unscheduled care' to mothers, babies and families, and have continued to do so throughout the pandemic.

The guidance has provided support to the service and clinical management team in the ongoing delivery of all services, with NHS Lothian complying with all recommendations for Maternity and Neonatal care as outlined within the guidance.

Maternity Services

NHS Lothian continues to provide the full pathway of maternity care, across all care settings in accordance with IPC guidelines.

Community midwifery Teams have put in place a robust process for the screening of all patients prior to attendance at antenatal clinics or home visits, with those patients who are symptomatic or living in the same household as a symptomatic person being advised not to attend clinic. Women are made aware of this and advised to contact us if they do become symptomatic for guidance. This is documented on TRAK. Home visits are being arranged where in person consultations are essential.

When midwifery Teams are carrying out antenatal checks they will confer with Health Visiting, Family Nurse Partnership and Social Work colleagues to agree requirements for further/joint attendances based on their assessment of risk factors present. Where possible, joint visits will make use of available teleconferencing technology.

Recruitment to the Family Nurse Partnership programme continues as per Scottish Government guidelines. Any staffing issues are reported to clinical midwifery manager and addressed as they were pre COVID-19.

Team PPE requirements are ordered through PECOS however masks continue to be sent from RIE weekly to those Teams who wish to have their masks delivered via this avenue.

Partners are now able to join women at appointments on all NHS Lothian premises. There remain issues with partner access within facilities which are not operated by NHS Lothian.

The maternity services website is continually updated with current information regarding changes to service provision and to provide parents and carers with alternative patent education resources. This information will be supplemented with additional content on an ongoing basis.

The board is rolling out virtual Parent Education classes to ensure that all families have access to this vital service. This had previously been paused, with families instead directed towards 'Solihull Model' educational resources. To date, uptake of the Solihull Model resources within Lothian has been low in comparison to peer health boards. Steps are being taken to improve signposting to this, and to promote the model via soon to be established social media channels.

Neonatal Services

As an essential service, Neonatal care has continued throughout the pandemic with modifications put in place in accordance with Scottish Government, the perinatal network and IPC guidance.

The neonatal community service has continued to expand its service offering, with high numbers of babies being cared for in the community setting as an alternative to the Neonatal Unit.

The Team have developed local guidance and a risk assessment to be undertaken prior to every scheduled visit. In a process similar to the standard screening process undertaken by other services, team members will ask a series of questions related to COVID-19, and if the answer is yes to any question the requirement for the visit is discussed with a Consultant.

The risk assessment has 3 possible outcomes:

- Defer visit
- Utilise telephone liaison with the family
- If care essential/urgent then see at home and follow Health Protection Scotland (HPS) guidance 'COVID-19 – 19: Information and Guidance for Social or Community Care & Residential Settings'

Staff are advised to ensure that they are accessing the most up to date version of this guidance.

Babies on home oxygen have been identified as a group of patients at particularly high risk and families are being advised to follow the NHS Inform shielding advice. This advice is being issued to all families with babies on home oxygen.

The Neonatal Community Team initiated home phototherapy to prevent readmissions to hospital for the treatment of jaundice. The team will ensure that all relevant TRAK entries are made in a timely manner in order to allow Health Visiting & Family Nurse Teams to obtain up to date information via neonatal badger and maternity TRAK. Staff will maintain close contact with health visitor and Family Nurse Partnership colleagues for all cases where a baby is under continuing care.

The team continue to receive daily referrals from the Community Midwifery Team regarding babies who are jaundiced or losing weight. As an alternative to in person attendances at NNU, all patients receive a telephone consultation with a Neonatal Consultant. If it is established that a face to face consultation is required, patients will attend a designated room within RHOPD on weekdays, and RHSC OPD at weekends.

As above, all efforts will be made to avoid or minimise face to face attendances, particularly attendances at hospital. Where appropriate, Community Midwives or Neonatal Community Nurses will take blood samples for jaundice babies in the community. All midwives or nurses will undertake a risk assessment before doing so. If the blood results indicate that the baby requires treatment this will be provided at home if at all possible.

Staff across community and hospital based services have provided assurance that there has not been a material increase in the volume of delayed presentations at clinics or delays in initial contact with services at this stage. This will continue to be monitored for the duration of the pandemic.

14.5 Safe and Prioritised Remobilisation / Expansion of Non-COVID-19 Acute Care

Remobilisation of Scheduled Care will continue to be overseen by the Scheduled Care Programme Board and supported by the 4 constituent recovery boards for Cancer, Diagnostics, Outpatient, and Inpatient Daycase.

All service specific activity projections are outlined within template 2.

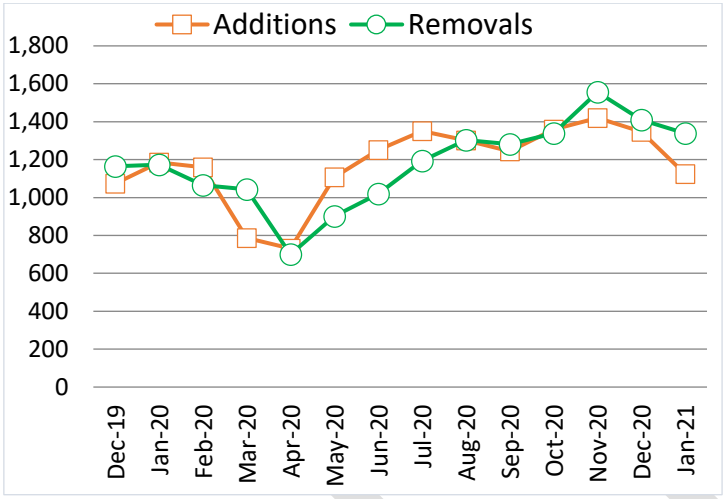
In broad principle and in line with agreed clinical prioritisation, we will continue to prioritise urgent suspicion of cancer USOC referrals (additions), which remain at higher levels than pre-COVID-19, and urgent referrals.

Outpatients

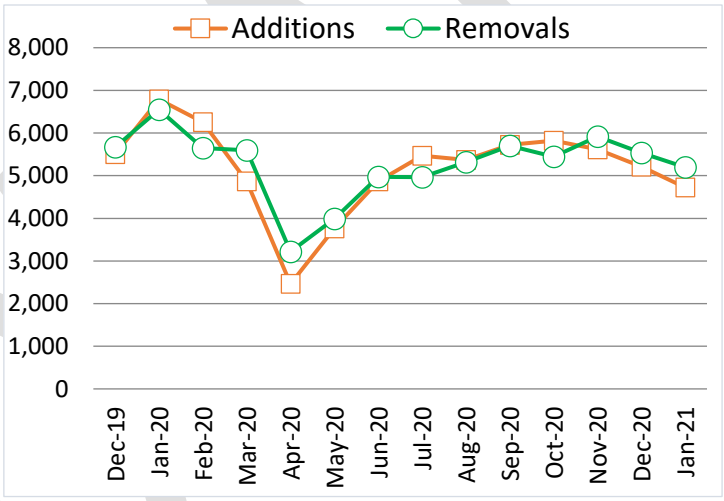
Whilst urgent referrals (additions) are slightly lower than pre-COVID-19 levels we will focus on further reducing the proportion which are waiting over 12 weeks (currently 25% of total urgent referrals).

Urgent activity is in line with pre-COVID-19 levels whilst USoC activity significantly exceeds pre-COVID-19 levels.

Outpatient USoC Referrals (Additions) & Activity (Removals)



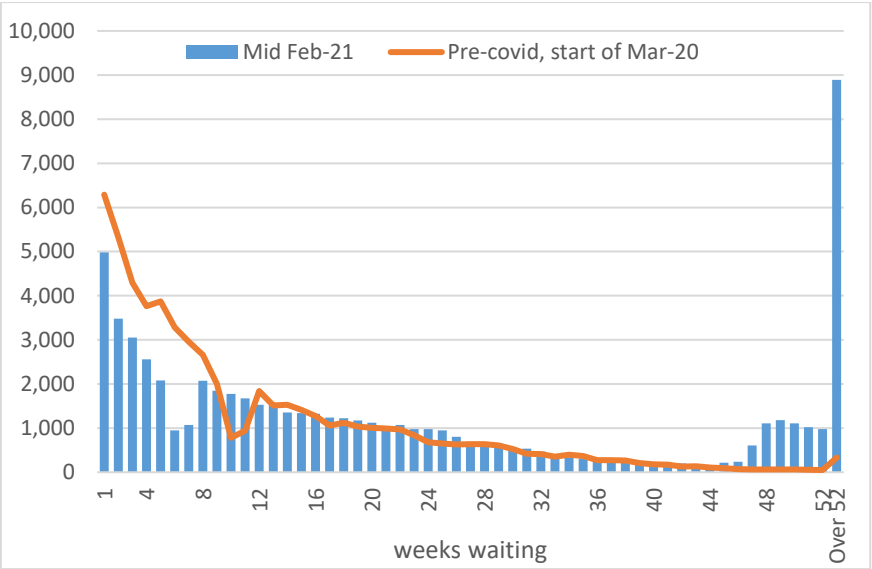
Outpatient Urgent Referrals (Additions) & Activity (Removals)



Dermatology will be a priority of improvement focus for urgent and USOC performance.

Whilst current routine outpatient referral rates remain lower than pre-COVID-19 levels, the backlog is increasing, especially for long waiting patients. Targeted action to mitigate this will be focused on Dermatology, Oral Surgery, and Ophthalmology in particular.

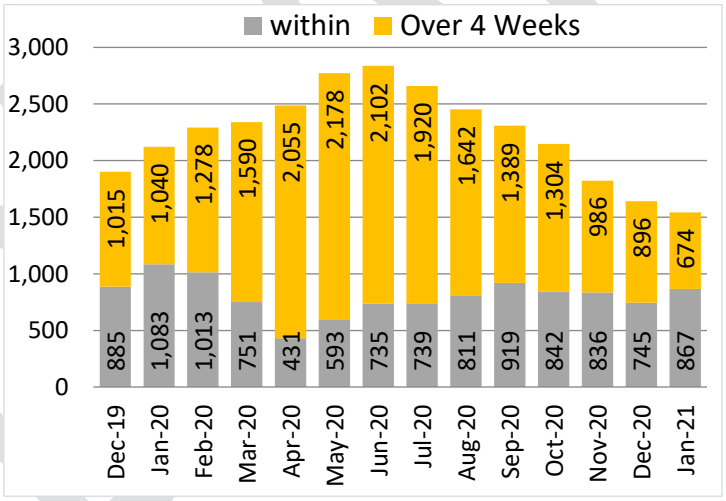
Outpatient Waiting List Shape



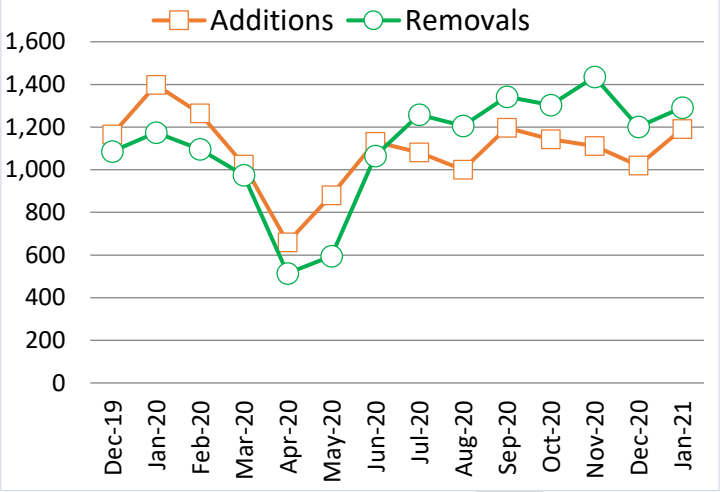
In-Patient / Day case

Urgent patients will continue to be prioritised for inpatient daycases, continuing a sustained reduction of over 4 week waits for this category (currently 44% of Urgent patients are waiting over 4 weeks) of the overall waiting list.

Inpatient Daycase Urgent / P2 Waits

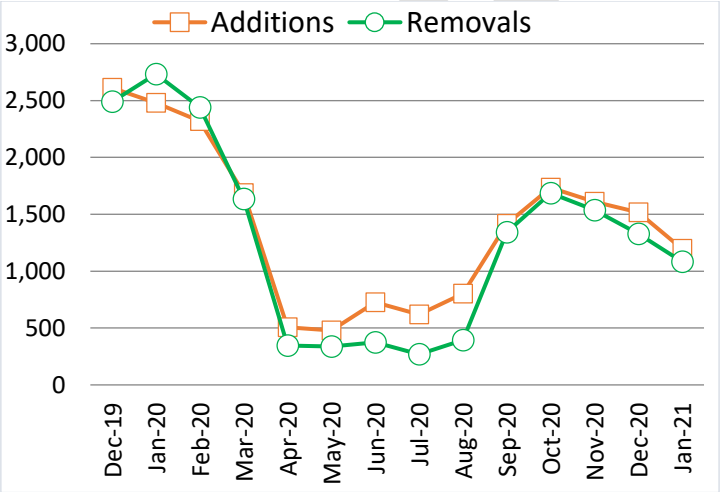


Inpatient Daycase Urgent/P2 Referrals (Additions) & Activity (Removals)



Routine IPDC referrals (additions) are unsurprisingly below pre-COVID-19 levels but the backlog is steadily increasing, especially for routine long waiting patients as activity is prioritised for patients with the greatest clinical need. Areas of improvement focus will be General Surgery and Urology.

Inpatient Daycase Routine/P4 Referrals (Additions) & Activity (Removals)



14.6 Management Plan for Planned Care Patient Backlog (Including Application of Scottish Access Collaborative Challenges)

Theatres

All theatre capacity will continue to be prioritised to deliver urgent and cancer surgical activity, as well as the longest waiting patients who have been reprioritised as needing urgent intervention.

Pre-operative testing process, in line with national guidance, remains embedded for major surgical procedures and includes enhanced social distancing day -14 to day -3 when patient is tested then

isolates from date of test to surgery. Detailed patient information is provided as part of informed consent to ensure patients fully understand the risk of COVID-19 in scheduled care.

Across the acute sites availability of theatre sessions are 91% - with RIE and WGH at 95% availability and SJH reduced to 83% principally due to the loss of 2 theatres to accommodate the non-COVID-19 critical care footprint. We expect this level of sessional operating to continue in 21/22 but recognise that bed availability may continue to be a rate limiting factor, due to high occupancy, especially at the RIE.

As outlined in previous remobilisation the critical care surge plan will have a direct impact on theatre availability due to the shared staffing model.

In terms of productivity whilst infection prevention control measures are in place we will have extended theatre time per case but expect to continue to reduce this to within 10% of pre-COVID-19 average (90 mins – currently average is 106 mins per case).

Theatre planning meetings will continue to provide a single point of access to prioritise and optimise sessions. This will be enhanced with the piloting of the theatre scheduling system in the first half of the year. It is anticipated this system will increase the ability to collate multiple TRAK waiting lists and filter by priority/IP/DC/operative time leading to more priority driven list allocation.

Access to national Discovery data to map median operating times will improve the accuracy of building operating lists and maximise utilisation. Finally it provides the opportunity to streamline the process of theatre list planning and retain records of any changes post list publication which can be audited.

Enhanced Recovery after Surgery (ERAS) will be extended beyond colorectal and orthopaedic surgery to gynae and upper GI / hepatobiliary surgery, further to the national cancer funding bid being successful. General Surgical services will work to develop how EQuIP pathways might assist demand management for hernia and cholecystectomy pathways. Consultant staff are keen to ensure any changes align with nationally agreed guidance on clinical prioritisation. All surgical services will ensure representation on the impending online Scottish Access Collaborative 'Bringing It Together' programme due to start end February.

Strategic work to consider an alternative clinical model for delivery of Eye Services will continue in to the 1st quarter of 21/22. In terms of the Short Stay Elective Centre SSEC development at SJH, we will review the proportion of clinical specialties included to ensure the Full Business Case reflects the most appropriate case mix, in light of pandemic impact and learning.

Additional Surgical Capacity

Additional surgical capacity has already been secured for Orthopaedics, Ophthalmology, and Plastics in GJNH for next year. Dermatology, ENT and Ophthalmology legacy insource contract activity will continue in to the 1st quarter of 2021 at a minimum. All other additional capacity requirements are currently being assessed. In addition, work is underway to consider more medium to long term delivery options (up to 3 years) for orthopaedics and urology in particular. Additional weekend sessions will be provided where staff and beds are available to support. We will scope the opportunity to formally extend our core capacity to either 3 session days or 6/7 day working. The recommissioning of the original DCN at WGH site is no longer considered an option for protected elective capacity on that site.

Additional capacity requirements through the independent sector will be assessed through existing processes and governance structures and submitted to the Scottish Government for consideration against available funding.

Cancer

Our focus remains providing all specialist cancer care where possible and to minimise potential harmful outcomes secondary to COVID-1919. Cancer services through technology enabled care will continue to reduce the frequency of visits to hospital; reduce the risk of hospital admission; increase delivery of treatment close to home; and improve infection control. We will augment our Acute Oncology service provision on the SJH and RIE sites to ensure unplanned presentation of patients on a cancer pathway, and indeed late presenting patients, are appropriately supported.

Our focus for maintaining our current 31 day and improving current 62 day cancer performance in 2021/22 will be around reducing radiology and endoscopy waits. Specifically CT chest, CT biopsy (lung pathway), and CT colon (colorectal) and mp-MRI (prostate). Endoscopy being able to provide capacity for scopes in a maximum wait of 14 days is essential if the colorectal and upper GI pathways are to succeed. mp-MRI waits to deliver the prostate pathway need to be around 7 day wait.

Recent improvement work to triple CT capacity at WGH in November (now only 2 scans per week below pre-COVID-19 levels) has had a significant impact on waits and we will seek to maintain this. Similarly work within the breast pathway to ensure maximal alignment with breast imaging will continue.

The backlog in urology brachytherapy has been addressed and these services will meet projected demand in 21/22.

Systemic Anti-Cancer Therapy (SACT) and Radiotherapy Services continue to operate close to full capacity with patients being treated closer to home where possible. Investment from national funding has been requested for radiotherapy to deliver new treatment regimes to meet increasing and targeted demand, eg breast and lung cancer. Furthermore the introduction of HDR brachytherapy in March 2021 will release LDR brachytherapy capacity and reduce waiting time in the prostate cancer pathway. We aim to complete business case approval for a 7th Linac in the first quarter of 21/22. As the space is currently available the preparation time for implementation is expected to be short.

14.7 Clinical Prioritisation

We continue to prioritise the treatment of urgent, urgent suspicion of cancer, and our longest waiting patients. A recategorisation exercise was undertaken by clinicians in January to reclassify all inpatient and day case waiting list patients, circa 14.5k patients, according to the national agreed clinical categories (Priority 2 – 4), and record prioritisation category on Trak. Hereon all patients in addition to the inpatient and daycase waiting list will have the new priority applied and will receive the new Add to Inpatient Waiting List Letter informing them of their priority. A further programme of work is being scoped to apply these clinical priorities to Outpatient and Diagnostics waiting lists.

Prioritisation of the current IPDC waiting list is available in template 3.

15. Priority Areas for Collaborative Working and Mutual Aid

Throughout the span of the pandemic, the Lothian system has worked collaboratively both within its own boundaries and outside. As would be expected, this has been focussed on issues either immediately focussed on COVID-19 response or to longer-term strategic implications.

Local collaboration

This plan reflects the close collaborative working between NHSL and its partner IJBs in East Lothian, Edinburgh, Midlothian, and West Lothian, with a focus on managing unscheduled care and mental health, and in particular in the support for care home, care at home, and carer services in particular.

Close working with public sector partners has been expressed at a strategic level through the Lothians multi-agency Gold group, which brings together NHSL, the four local authorities, and Police Scotland. This working has been invaluable in supporting the development of our testing and vaccination programmes in particular, as well as continuing the support for the protect and isolate workstreams. We would anticipate that these relationships will be increasingly crucial as Scotland transitions back to a "tiers" approach to managing the pandemic from late April onwards.

We have also been grateful to have the support of Her Majesty's Armed Forces to support the operationalisation of key elements of the vaccination programme, in particular the short-notice establishment of our vaccination facility at the Royal Highland Showground at Ingliston.

We have worked closely with private sector partners and see this continuing, so the Royal Highland Show, the Edinburgh International Conference Centre, Queen Margaret University, and the RBS Group have all worked closely with us in establishing vaccination centres.

Regional collaboration

The key area for regional collaboration during the pandemic has been in critical care, where a very-well established series of communication mechanisms are in place. These will continue, but as the pandemic hopefully ebbs, we can expect greater work to be focussed on mutual aid in and around elective workloads. NHS Lothian is the tertiary provider of highly specialist surgical, neurological, oncological and other services for NHS partners in Fife, the Borders, Dumfries and Galloway, and Forth Valley, and the debates around the recovery of these services will grow as we move through the first six months of the coming year.

16. Enablers and Interdependencies

16.1 Digital Health

Principles and Assumptions

We will schedule whatever elements of care and treatment we are able to, and will use digital and more common technologies (such as the telephone) to do so.

Workshops have been undertaken with over 300 services in Acute, Community and Mental Health to review requirements for revised Outpatient / Clinic Services in light of COVID-19 working. This involves review of current Trak Clinical Template setup, appointment services, triage outcomes, mixed templates (Face to Face, Telephone and Near Me), Patient Initiated Follow Up (PIFU), Return waiting lists, and appointment / GP letters.

Soprano (BT partner) SMS use is up and running alongside the national notification service to notify patient groups of key results.

On Digital innovations

The points below outline how we are using digital innovations to support service remobilisation and new ways of working:

- Digital consultations using Near Me: improving service delivery and patient experience
- Digital Options to reduce unnecessary travel: MS Teams deployed at scale across NHS Lothian
- Remote patient monitoring: NHS Lothian is working with DHI/ Storm ID to provide a choice of local and National applications, including Trak and Trace, and condition specific applications such as Dermatology, supporting COPD monitoring of patients via pulse oximeters in the patient's home and customisation of patient information (Tailored Talks) for Long COVID-19 Patients. NHS Lothian will also look to develop their own applications and/or add additional remote monitoring options.

The nationally procured InHelathcare solution has been reviewed and agreed. There are two additional areas to explore in NHS Lothian (in the first instance) to support the recovery of outpatient and primary care services:

- Using this approach in East Lothian and Midlothian respiratory MCN work, similar to that available in Edinburgh through Lighttouch, which has saved >700 appointments
- Using the diabetes and asthma chronic disease monitoring pathways already developed in 4 Edinburgh practices who are keen, to determine how this supports the recovery of primary care
- Further review of Information Governance aspects of the solution, Integration with the existing Patient EPR and future licensing arrangements past the initial 12 month period

On line appointment booking

58 from 103 General Practice locations are now using InPractice Systems (InPS) Vision On Line services for appointments and repeat prescription services as part of a standard rollout. We are picking this up with the various HSCP's to encourage their practices to sign up. 8 out of 17 EMIS Practices are

providing on-line Repeat Prescriptions. It is planned to complete the roll out of GP On line services during 2021/22.

GP IT Reprovision

Migration to new national contract for GP systems is still in planning due to COVID-19 delays. An NHS Lothian Cohort Decision Group continues to meet to progress GP IT Reprovision activities, and GP system suppliers continue to present updates on their plans to deliver the required functionality to all Health Boards/NSS.

Support for Staff - Home Working

There have been significant infrastructure upgrades and increased access arrangements for a range of staff operating at sites across NHS Lothian as well as those working from home.

Projects which are complete and have been delivered:

- Current Pre-COVID-19 NHS Lothian capability for supporting up to 1,500 home based staff was rapidly increased to support 12,000 home based staff, and rapid creation and allocation of Remote Access Software and accounts
- 250 new shared mailboxes (100 new from Aug 2020)
- 500 ECS accounts for community pharmacy and opticians
- 3500 additional user account change requests above "normal" level
- 93 Trak Change Requests for wards, lab orders, other COVID-19-related functionality
- Continued increase in user support calls due to staff not being familiar with what they were doing after being moved location / role or only have eLearning
- Staff vaccination programme
    - Dose 1 clinics on 13 sites
    - Dose 2 clinics on 11 sites
    - Transfer of 18,000 2nd dose appointments due to government change from 4 to 12 week gap
- Implementation of online booking process for staff
    - 10,000 registered interest
    - 7,000 created accounts
    - 6,100 appointments booked online
- Clinics and all process for Call MIA (Western General MIU, RIE and SJH)
- 23 clinics for COVID-19 staff testing
- Large number of generic telephone clinics created
- All clinic and location built for DCN and RHCYP OP moves
- Just under 10,000 SMS messages with COVID-19 results sent
- Increased Firewall and Internet Bandwidth deployed to support remote access; the Wide area Network (WAN) links at SJH & WGH were each increased to 10Gb
- Virtual Private Network (VPN) capacity increased from 1000 (Pre-COVID-19) to over 8000 currently, and enabled VPN usage through SJH as a back up to WGH to provide resilient access for remote (Home) users
- Setup temporary wireless (WiFi) on a number of sites to assist with COVID-19 working
- Enabled remote access for GP's working from home
- Additional Digital support for NHS Staff delivering reconfigured patient care services across current NHS Lothian acute, community, primary care and HSCP locations, and new locations including secure access to NHS Lothian patient information in other Health Boards, Private Healthcare locations (e.g Spire), and to support the NHS Louisa Jordan
- Enabled Adastra access / printing to COVID-19 Assessment Hub users

- Continued Regional rollout of eHealth Service Now Service desk fully implemented in NHS Lothian, to NHS Fife and Borders
- Soliton (Radiology Reporting Solution) implementation across all sites
- PACS upgrades completed at all sites.
- Trak T2020 upgrade delivered
- NHS Mail Migration to Office365 for NHS Lothian NHS.NET Users in August 2020. This required moving the NHS Lothian account into Office365, which broke permissions of existing non cloud enabled users. Issues arose when people moved onto webmail managing multiple diaries.
- NHS Mail migration for Contractors using NHS.NET in December 2020
- Outpatient redesign programme just started (and may be changing direction already) to accommodate virtual appointments as well as physical clinics
- Mass Vaccination Site setup for 6 locations including WAN and LAN configuration
- Deployment of circa 600 additional laptops across the organisation
- Replacement of mail security platforms
- Migration from SEP to AMP for client security
- Implementation of additional security tools to increase client security
- Establish new contact Centre for Staff Vaccination Booking
- Unified Communications Deployment for SJH, REH, and a number of smaller locations
- Implementation of Network Monitoring Solution to increase security of network
- Replacement of key storage solutions in use across the organisation

Planned for next year:

- Mail migration to Office 365, continued deployment of 2021/22
- Windows 10 deployment. The accelerated funding for 7,000 desktops (virtual and physical) should allow us to get to 96% completion during 2021/22
- Deployment of an additional 1,500 laptops across the organisation
- Unified Comms Deployment with major sites including the AAH, RIE and WGH
- Support for additional deployments for HEPMA.
- Go live for Royal Hospital for Children and Young People (RHCYP)

Working with Partners: Local Authorities, other NHS Boards, NHS24, Scottish Ambulance Service and National Education Scotland (NES) Digital Services

NHS Lothian is working closely with NES Digital Services as we use and deploy applications that have already been developed and participate in new work with NES which NHS Lothian will lead on.

National Test and Trace / Test and Protect developments have been through the National Integration Hub and NHS Lothian's demographic feed documentation was used as a template for other NHS Boards to follow.

The Intensive Care Unit (ICU) use of vCreate is being implemented in NHS Boards across Scotland for sharing pre-recorded Video messages from ICU patients and relatives. New work in Neurology offers vCreate to patients as an alternative to coming in to the hospital to send video recordings in to help the clinicians diagnose and treat Neurological conditions. NHS Lothian is also procuring a new ICU system.

NHS Lothian is working NES Digital Services on Cancer Treatment Summary development, with and initial focus on Head and Neck, in conjunction with NHS GG&C who are focusing on Urology Treatment Summaries.

NHS Lothian has led work with Intersystems to deploy Clinical Viewer functionality, enabling sharing of local NHS Board Trak electronic patient record data across all NHS Health Boards (including GG&C access to Lothian patients at NHS Louisa Jordan)

We have also linked NHS Lothian Practice Systems to Trak through a Clinical Viewer application to ensure Practice staff are aware of patients who have recently attended A&E, Outpatient and Inpatient services. Other services (as approved) can access Clinical Viewer Directly for summarised NHS Lothian acute, community and mental health information.

NHS Lothian has agreed to work with DHI/Storm regarding the Lenus Platform. The Project mandate is being provided by the DHI, and NHS Lothian will integrate a secure test environment into our clinical systems to ensure integration works smoothly.

NHS Lothian played a leading role in getting the National Notification Service and the Simple Tracing Tool up and running. NHS Lothian has been involved from the beginning of these developments and were the first board in Scotland to send a notification via the NSS. We've had senior representation on the development of this since the very first planning session.

Development of a Microsoft Form with direct integration in to Tableau for reporting of Personal Protective Equipment (PPE) stock checking. The NHSL PPE Stock Monitoring Application has currently processed over 8,000 forms supplying over 115,000 items.

Risks

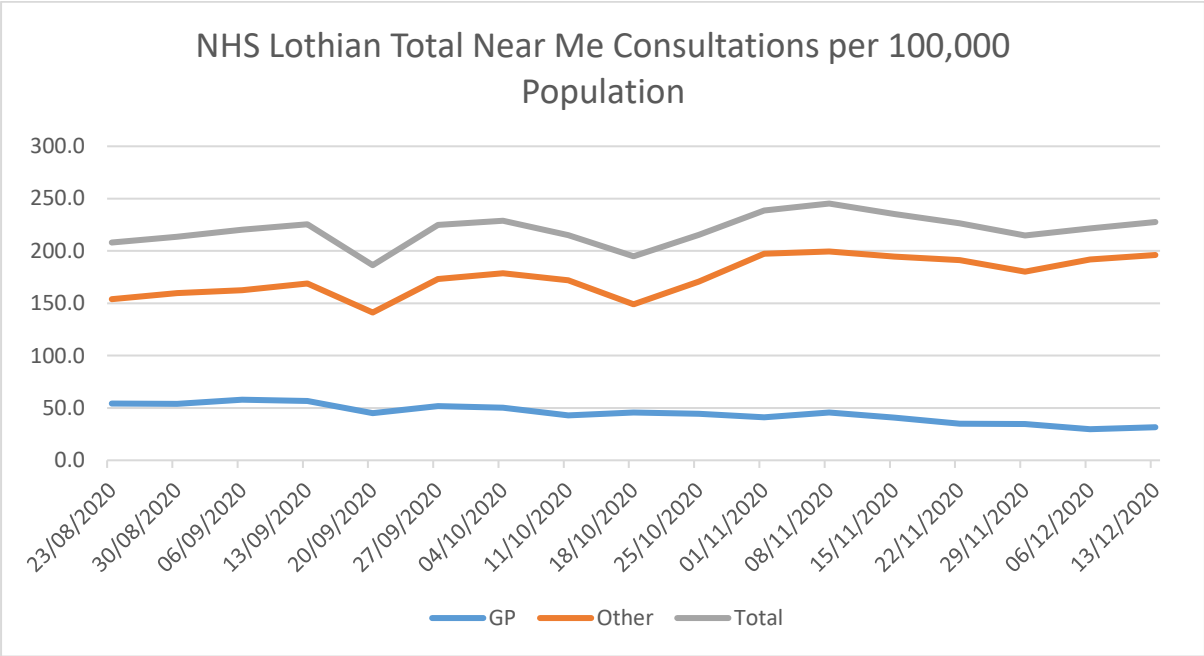
Risk of inadequate eHealth hardware and infrastructure: There is a risk that there is insufficient IT hardware and infrastructure to support the prompt roll-out of digital and digital-enabled service models. Demands are being effectively managed at present, however, due to the dependency on supply chain there remains a risk to provision.

We have sourced and deployed equipment across the NHS Lothian estate to enable revised working arrangements to support staff and patient social distancing, revised modes of contact with patients and home working. This was deployed to support Outpatient clinics operating mainly in a new virtual setting, new primary care Assessment Centres specifically formed to support COVID-19 related activity and to support new COVID-19 operational arrangements for General Practice consultations. This includes equipment to support revised clinic arrangements for video consulting (Near Me) in confidential settings (Integrated monitors with camera/speakers) and where more controlled access is required (using separate headsets / cameras). We have also deployed Standard Laptops, and VDI laptops / PCs across the estate and to support home working, and initiated a range of procurement activities to source this during a time where this was often on limited supply.

Out Patient Services – Near Me Consultations / Digital First Approach

- From 23rd Aug 2020 – 9th Jan 2021 there was a total of over 34,600 Near Me consultations (7,024 by GPs)
- Over Jan-Dec 2020 4,300 Near Me service providers have been set up in over 800 Near Me waiting areas (virtual clinics) in acute outpatients and GP services
- During Jan 2021 there were an additional 100 service providers added to Near Me (total 4,400), and there were over 430 waiting areas open (services can open / close Near Me Waiting areas depending on activity); Jan 2021 NHS Lothian Near Me activity was nearly 9000 consultations / over 4,000 video hours

- To support these we have deployed Integrated monitors (camera, mic and speakers) or separate cameras / headsets dependant on privacy arrangements in clinics, together with comprehensive training and support
- Patient outcome information available from all Near Me clinic consultations, but this has yet to be integrated into National Near Me reporting tools, this can currently be accessed to review patient experience / feedback from specific clinics. NSS have produced a Near Me Digital Dashboard to monitor Near Me usage across NHS Boards



Support to Shielded / Vulnerable Groups via Digital Platforms

Mental Health Services across NHS Lothian have led the update of Near Me Digital consultations, ranking top in Near Me consultation uptake, notably in Child and Adolescent Mental Health Teams.

Adapting our Transformation Programme: Opportunities for Digital Transformation (Near Me)

Workshops have been undertaken with over 300 services in acute, community and mental health to review requirements for revised digital services initially for outpatient / clinic services in light of COVID-19 restrictions. This will inform the investment model, future development and device strategy and deployment to support a "new normal" for these services, and will extend into support for new ways of digital working across all NHS Lothian services and locations. Near Me rollout has been at pace across a range of NHS Lothian services supporting acute, cancer, community, AHP, mental health and maternity services and is now seen a routine method of consultations, along with telephone consultations.

Primary Care

Digital solutions have been deployed across COVID-19 assessment hubs and all existing NHS Lothian GP Practice locations in support of a wide range of primary care services. Near Me utilisation in NHS Lothian Primary Care has had a significant uptake across services as noted across National Health Board activity reports, and has been supported by a range of IT infrastructure

upgrades, digital equipment deployment, the provision of online services (repeat prescriptions / appointments), review and provision of telephone capacity / equipment and utilisation of e-consulting / SMS communications). Setup shielding searches have been setup on NHS Lothian GP Practice Systems to improve patient communications and patient care services.

GP Service – Technology for Digital Working

NHS Lothian is working with NSS on a "Model Practice" initiative to fully kit out reference practices (Craigmillar) and for NHS Lothian Out of Hours services with Near Me / MS Teams equipment. This was sponsored by the RCGP and involves full deployment of equipment to support all consulting rooms (such as integrated video monitors) and additional AV kit as required.

MS Teams has been deployed at scale across NHS Lothian with over 32,000 user accounts enabled. The MS Teams digital dashboard created by NSS digital services is used to monitor MS Teams accounts, activity, usage and licensing across Health Boards.

Primary care Services - Digitalisation of Optometry and ePrescribing

Primary Care services have produced local implementation plans which are working to National timescales on GP System re-provision. There is active review and participation in National forums. However there is also significant delays in supplier accreditation of new General Practice systems.

South East Region is working collaboratively with ophthalmology services regarding appropriate access to clinical information to support referrals, and digitisation of retinal images at regional A&E / Clinic locations for remote review by on-call ophthalmologists.

We had over 200 Lothian ophthalmology electronic referrals in the last 3 months. This is down on routine activity due to COVID-19 restrictions, and is only dealing with urgent referrals.

Mental Health and Substance Misuse

Digital solutions have been provided across a wide range of adult and child mental health specialties including Near Me and digital infrastructure to support this. Mental health Teams have been at the forefront of electronic prescribing in NHS Lothian with first Hospital Electronic Prescribing and Medicines Administration (HEPMA) deployment at the Royal Edinburgh Hospital (REH) in July 2020 as part of an NHS Lothian wide deployment. This will expand to support Medicines Reconciliation and a substance misuse HEPMA module in a future HEPMA release to bring additional benefit to Mental Health services.

Mental Health Services- Use of Technology

The Digital Mental Health business case has been completed, and is being used as a model for other services, with a range of workshops being undertaken to define the Digital services required to support for "New Normal" ways of working.

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

This application is being deployed across all NHS Lothian secondary care locations to complete the patients' medication records. GP information will be exchanged with hospital staff at presentation (MEDREC), and acute prescriptions will be sent to GP's at discharge, closing the loop for medication recording. The Royal Edinburgh Hospital (REH) is live on HEPMA, followed by the

Western General Hospital in Feb 2021. Thereafter there is a rolling programme to deploy HEPMA across the Royal Infirmary of Edinburgh (RIE), St John's Hospital (SJH), the State Hospital (TSH) and a number of smaller Lothian hospital sites.

National CHI and Child Health Systems

Implementation continues during 2020 with NHS Lothian National CHI Broadcast file upgrades planned in Sept 2021, and ongoing work during 2021/22 and beyond to replace the National Child Health Systems, due to go live in June 2022 and the full migration of CHI and GPPRS by Oct 2022.

Trak Upgrades and deployments

We completed the T2020 upgrade in Nov / Dec 2020, proving a platform for new Trak Theatres and better alignment with other Trak systems used by Health Boards across NHS Scotland. This replaced a significant amount of obsolete (deprecated) Trak functionality with further updates planned to the Trak User Interface, consultation component and order entry screens planned for 2021/22. Trak Theatres will replace an unsupported existing theatre system during 2020/21. In addition we will roll out Trak Outcomes Management during 2021/22, based on the initial model ward deployment established during Jan-March 2020.

Digital Support for Priority COVID-19 Initiatives

These projects have already been delivered:

- Staff COVID-19 Vaccination: Contact Centre and On-Line Appointment Booking
    - Contact Centre taking approx. 1000 calls/day (+ local team appointment co-ordination)
    - On day one of the 0800 number opening, in first two hours 77,000 calls were made to the line
    - Over 10,000 On-line Forms submitted to date over 6,000 appointments booked on line
    - Avg Call 7min, on-line booking saved over 700 contact centre hours
    - 33% of on-line bookings made out of hours
- National "Turas" Vaccination System / Planned GP (EMIS/VISION) System Integration
    - Over 78,000 individuals Vaccinated (over 82,400 doses) on-line Turas – GP data (as at 9th Feb)
    - 1,000 staff set up as Vaccinators / Administrators (over 36,000 staff 1st doses given / 2nd dose planning)
    - Turas GP System Integration is being Nationally introduced Feb 2021
- Test and Protect laptops (Over 150 supplied) / Vaccination Centre laptops (Over 235 supplied)
- National Near Me Hospital Clinic and GP Video Consultation Systems
    - Jan – Dec 2020: over 73,000 Consultations with 3,000 Services and 27,000 Video Hours used
- Enhanced Internet Bandwidth, Networking, Security / Firewalls for Remote/Home working
    - Significant increase in our internet traffic with 25 TB of that being for Office 365 alone
    - Home Working: we regularly have up to 1,500 concurrent remote accesses recorded in daily snapshots

Planned/Recently Delivered:

- Local Staff Vaccination (Trak on-line "Personal Community" booking)
    - Approx. 18,000 already booked 1st / 2nd Dose (4 weeks changed to 12 weeks)
    - Rebooking 18,000 staff and additional staff to be booked for 2nd Dose

- National “Service-Now” Mass Appointment Booking System
    - Clinics Setup/Appointments from 1st Feb 2021
- Mass Lothian Vaccination Centres Infrastructure – Feb/Mar 21(including laptops + Networking)
    - Large sites: RHS/EICC (live), QMU (10thFeb), Pyramids Business Park (15th Feb), RBS Gyle (1st Mar) - (78,000 vaccinations pw)
    - Smaller sites: (WL, ELCH, MLCH, CEC) - (11,000 vaccinations pw)

17. Innovation

Details of innovation and innovative service delivery in NHS Lothian are embedded throughout this document. In order to reduce duplication and streamline this plan these initiatives are not replicated in this section. Please refer to the following guide to locate relevant innovation projects and activities.

Topic	Section	Page
Use of Near Me in primary care	11.1	
Community pharmacy services	11.1	
Flu vaccination planning	11.1	
Enablers and Interdependencies: Digital Health	16.1	
Digital impact on finance	21	

18. Workforce Planning

18.1 Deployment of staff to meet service demands/new models of care

Staff Shielding

Following the reintroduction of shielding for staff with underlying health conditions, 415 are shielding at home due to their higher level risk of serious illness. Many of these staff have been able to contribute to supporting services in their current role, through our corporate repurposing process or working as part of the contract tracing service.

Expansion of the support services workforce

The pandemic has also required a substantial expansion (157WTE) within the facilities workforce to provide additional:

- Domestic services capacity for enhanced cleaning regimes throughout acute and primary care
- Logistics capacity for patient movement
- Capacity for transport to enhance decontamination and lab van service
- Supply chain capacity to ensure day to day supply and management of PPE
- Increased opening hours within staff catering facilities

There have also been increases in other support service areas such as payroll to support the processing of the vaccination workforce and the wider workforce expansion. There has also been an increase in medical physics to support the expansion of medical equipment required to support COVID-19 patient needs.

Contact tracing

To provide capacity for contract tracing, a dedicated team has been established for the service to meet need on a flexible basis. This has been accomplished through recruitment and making best use of existing capacity, such as staff at home shielding. This service is provided by 130 Band 3 contract tracers and 30 Band 5 team leads, with 69 additional NHS Lothian staff trained (doing overtime and extra hours), and 32 Bank staff which will be used to provide surge capacity as required.

Expansion of Testing Capacity

As part of a national move to increase testing capacity by 20,000 per day, three regional testing hubs in the North, West, and East Regions have been developed. NHS Lothian has developed the East Region Hub based at the Lauriston Building in Edinburgh. A workforce expansion of c.80WTE was identified to run the laboratory, of which c.80% have already been successfully recruited. If the laboratory was to further expand to 24/7 operation, there would be a requirement for an additional c.31WTE, which would be very challenging.

Support for Care Homes

The Scottish Government Coronavirus (COVID-19 19) enhanced professional clinical and care oversight of care homes arrangements set out that clinical and care professionals at NHS boards and local authorities have a lead role in the oversight for care homes in their area. There was a requirement for Health Boards and local authorities to establish a multi-disciplinary team comprised of key clinical leads and the area's Chief Social Work Officer.

A care home domiciliary care wrap-around service has been established to support care homes, comprising of a central team focussed on quality, infection control, and educational support. There has also been an expansion within HSCPs to provide staffing support and the recruitment of additional staff onto the staff bank to support care home staffing when needed. These two developments combined provide 32WTE of additional workforce capacity.

A dedicated testing service for care homes has also been created to carry out care home testing, which has provided a further 16WTE registered and non-registered staff, with a further 100 Bank staff of all grades able to provide flexible capacity.

Expansion of Public Health Protection Team

The public health protection team has been expanded to increase workforce capacity to support the COVID-19 response and enhance on-going capacity. This expansion includes an increase of 11WTE in public health nursing and 3WTE in Consultants.

Redesign of Urgent Care

The national redesign of urgent care sets out a new 24/7 pathway for urgent care, via a national single point of access provided by NHS 24 on 111, for those not in need of immediate emergency treatment to get a clinical assessment by phone prior to travelling to a Minor Injury Unit or Emergency Medicine Department. In Lothian this has led to the development of a single Lothian interface with NHS 24 via an expanded 24/7 Flow Centre. The centre will provide oversight and administration for all NHS24 referrals to Lothian and schedule virtual and face-to-face appointments to Minor Injuries Assessment, Emergency Departments, COVID-19 Assessment Centres and Lothian Unscheduled Care Service.

To support this expansion the following workforce expansion and development has taken place:

- Recruitment of 8 new Band 3 Administrative/Call handling support roles
- Recruitment of additional nurse advisors to strengthen clinical triage and support the move to a 24/7 service
- Workforce training to support implementation of new virtual referral pathways including call handling and Near Me video consultations

Staff Bank

The staff bank has played a very important role in helping recruit to a substantial flexible workforce element, meaning recruitment on to short term contracts has been only where demand warrants it. The staff bank has also developed pools within the bank to support areas with specific needs that can support capacity. The staff bank is also taking on final year nursing students on three month fixed term contracts in line with the Scottish Government COVID-19 Enhancing Workforce Capacity guidance.

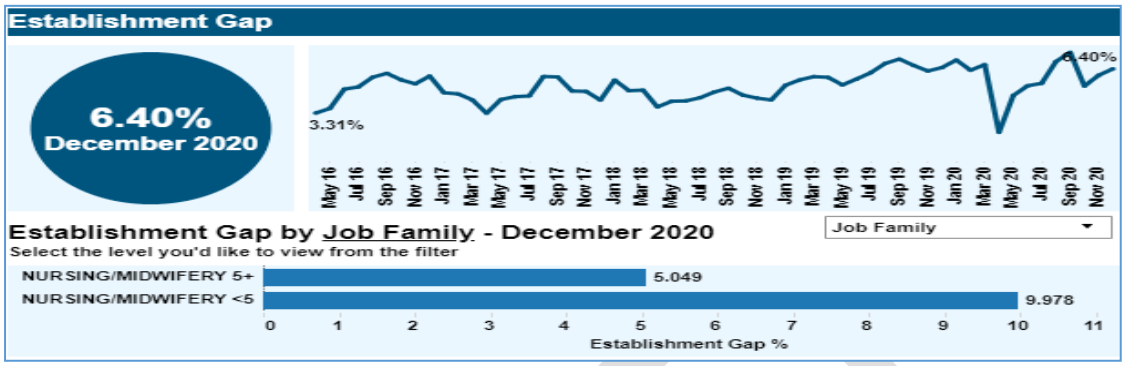
COVID-19 recovery plan

It remains uncertain how long the additional capacity measure will be required given the ongoing nature of the pandemic, hwoever there is a need to plan to return to the underlying workforce establishment. In doing so there is a need to try and fill underlying establishment gaps in areas such as facilities. A COVID-19 recovery plan will be developed to help plan this.

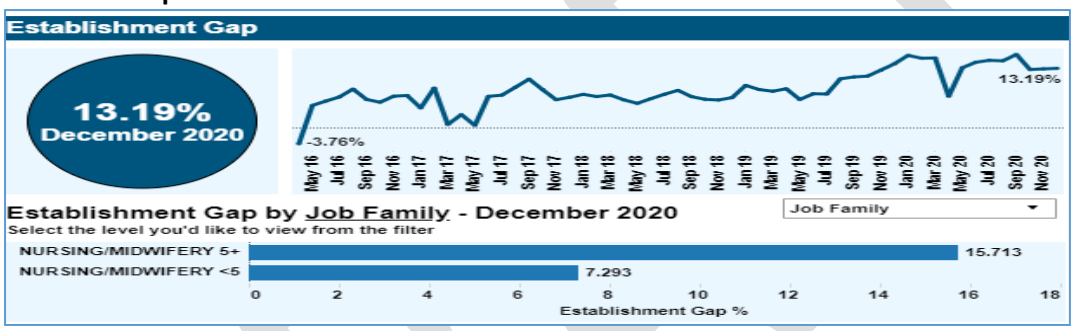
18.2 Anticipatory workforce planning and recruitment (Gaps and key risks)

Growing nursing establishment gaps

There was a considerable increase in the nursing workforce during the first wave of the pandemic when final year nursing students joined the workforce on 6 month contracts, however these posts finished in September 2020. The overall underlying nursing establishment gap has however continued to grow within both registered and non-registered nursing. This particularly significant at St John's Hospital site.



St John's Hospital



Source – NHS Lothian Workforce Tableau Dashboard

Despite considerable recruitment efforts it is likely to be increasingly challenging to close establishment gaps until increased numbers emerge from training nationally. There is also uncertainty around the extent to which the pandemic has impacted student progression, and whether a significant number of students have sought an interruption to studies. It is also uncertain what the impact of working through a sustained pandemic will have had on staff members and whether after the pandemic ends there will be an increase in retirals. Due to the uncertainty this represents a significant area of risk.

Medical Workforce Retention

The impact of the first wave of the pandemic has the potential to extend the period of training required before CCT and as such disrupt training pipelines in the short term. However due to the global nature of the pandemic there will have been less opportunities for trainees to move oversees or within the UK, which may potentially assist with recruitment and retention, at least in the short term.

In 2019/20 there was a 50% increase in consultant retirals on the previous year, likely as a result of the UK pension tax regulations which had a major impact on staff. Retirals have however been significantly lower in the first 9 months of the financial year than both last year and the preceding year. It is however uncertain what will happen as the pandemic comes to an end and whether there is likely to be a marked increase in retirals. This presents a significant risk as this will directly impact on our ability to reduce the back log of clinical activity that has built during the pandemic.

COVID-19 Vaccinations

Within the NHS Lothian Health Board area c.1.2 million vaccination doses will be delivered throughout the vaccination programme. There has been a significant focus on the recruitment of vaccinators to support the wider community vaccination programme, with c.270WTE new recruits and approx. c.50WTE infrastructure support staff. The staffing resource is a mixture of appointed staff and staff working extra shifts through the staff bank and it is likely that the actual headcount may be as high as 800 given the most of the staffing will be part time.

NHS Lothian Youth Guarantee and Kickstart Initiative

The onset of the COVID-19 pandemic is likely to have a disproportionate impact on young people between the ages of 16 and 24, with likely high levels of unemployment. However attracting these young people into a career within the NHS can offer substantial benefits to them as employees and provide NHS Lothian an opportunity to grow our younger workforce to help balance the demography of our workforce.

NHS Lothian's Youth guarantee sets out how we will:

- Prepare young people for the world of work – through developing employability skills, providing virtual work experience
- Offer multiple Project Search programmes each year Deliver and develop bespoke offers within our programmes to support learning need
- We will invest in a skilled workforce, offering Modern and Graduate Apprenticeships throughout our organisation developing bespoke education programmes that enable articulation across transferable career pathways
- Create jobs and opportunities – offering cohorts of Modern Apprenticeships and career ready internships. Continuing to support the national NHS partnership with Princes Trust and working in partnership with DWP targeting opportunities to grow work skills
- Place great value on an inclusive workplace supporting young people through offering the living wage and support through the staff Youth Network to inspire interest, ambition and supports learning and development

We are working with SG and NES to create strong platforms of learning and national DWP relations to assist creation of information templates and consideration of national approaches to assist wider NHS Scotland take up. Lothian is the first board to move forward with this.

EU Exit

We continue to support EU citizens in our workforce with online guidance and support, access to information from Citizens Advice Edinburgh (previously onsite, now moved to webinar) and immigration experts. With COVID-19 we have moved our in-person information sessions to webinars with sessions planned in August and September. The aim of these sessions is to ensure staff and managers have access to up to date information and that we encourage and support staff to apply for pre-settled or settled status. The overall objective being that we retain EU citizens in our workforce and continue to have access to a wide range of skills, experience and knowledge to support service delivery. We will continue to communicate with our workforce and share information and guidance and gauge the ongoing need for access to specialist advisors.

We will also continue to operate our salary advance scheme to support those staff who may wish to apply for British Citizenship.

18.3 Prioritisation of clinical placement and training activity

Changes to deployment of medical trainees

During wave 1, COVID-19 medical training rotas were created to repurpose many trainees into specialties that they were not intended for. This has caused disruption to training in terms of cancellation of mandatory courses, professional examinations and assessments, rotations to planned placements as well as the reduced clinical experience. This meant that a significant number of trainees were unable to meet the curricular requirements the 4 Statutory Educational Bodies (SEBs). This has been mitigated at UK level with the introduction of "no fault" COVID-19 outcomes with derogation of curricular requirements that would allow trainees to progress to the next stage of training.

Robust and systematic monitoring processes between NES, Board Directors of Medical Education and specialty Training Programme Directors are now in place to mitigate the impact in future surges to minimise the training disruption. However it is likely that the pandemic will likely cause some disruption to training pipelines with some delays to trainees achieving their CCT and becoming eligible to take up consultant posts. Trainees recommenced rotations in August 2020 with trainees returning to their scheduled specialties. The Directorate of Medical Education team have worked with Clinical Directors to maintain 'COVID-19 restructuring' where the changes have been beneficial to trainees and service, and has gained support from Deanery that this meets the appropriate educational requirements.

Non-medical trainee deployment

It is also likely that there may be some disruption to the training pipelines for other staff groups such as nursing where students may have sought interruptions to study. Work has commenced with Edinburgh Napier University to get a clear picture of the trainee pipelines to help identify any issues on an on-going basis. Other professional leads are also linking in closely with HEIs to identify issues and are working closely to reduce the impact of any interruptions to placements.

18.4 Preparation for the implementation of the Health and Care Scotland Act 2019

In response to the pandemic, the Scottish Government have deferred the implementation date of the legislation. The Health and Care Staffing legislation is overseen by the Safe Staffing Programme Board, chaired by the Executive Nurse Director. This is multi-professional group with representatives from all the registered professions in health that will be affected by the legislation and Chief Officer colleagues representing the H&SCP in relation to the parallel social care aspects of the legislation. Locally the Board met during April to August, but with an amended purpose and was used to consider COVID-19-related staffing issues.

The annual plan for the running of the tools relies heavily on the tools being run by September / October each year to allow the local review and pan Lothian governance before any recommendations are taken forward to the Financial Planning cycle.

The team to support the Health and Care Staffing legislation were appointed in July. The team will be working with one ward in acute / community and one ward in mental health to develop the data capture and risk assessment tools in preparation for 2021/22 runs of the tools.

The team is also focussed on developing an understanding of the wider staff groups and the landscapes in which they operate and building training materials, working with the wards identified above, in preparation for a full programme of work in 2021/22.

In 2021/22 all the national nursing and midwifery tools (aligned to the Common Staffing Method) in the Health and Care Staffing Scotland legislation will be run by September 2021. Thereafter an annual report looking at staffing levels within Acute, Community, Mental Health and Maternity services will be submitted to the Board highlighting any workforce changes required in November 2021.

NHS Lothian Workforce Plan – Action Plan 2021/22

NHS Lothian has a three year workforce plan which sets out the key workforce actions required to help develop a sustainable workforce and over 2020 to 2023. For each year of the plan there is a detailed 12 month action plan aimed at supporting delivery.

The extensive 2020-21 workforce 12 month action plan was developed with key actions, outcomes, support required and a named lead to focus on delivery against each action. However the beginning of the implementation period saw the onset of the COVID-19 pandemic and as such there has been an impact to a greater or lesser extent on many of the actions. However each of the actions has been reviewed with the associated professional/service lead to identify where timescales and/or scope had been impacted and identified a revised actions and timelines, within a still uncertain context. The additional COVID-19 related actions have also now been incorporated.

19. Workforce Wellbeing

NHS Lothian Staff Wellbeing Strategy

NHS Lothian have commissioned an external partner with the support of the Edinburgh and Lothian's Health Foundation (ELHF) to develop a Staff Wellbeing Strategy due to launch end of March 2021. The Wellbeing Strategy will set out the roadmap for our future staff wellbeing ethos and activity. The Staff Wellbeing Strategy will have performance monitoring and impact measurement as central components. During the strategy realisation, significant work is being undertaken to enhance psychological interventions available to staff across all levels of the stepped care model. This includes the development of a psychological triage and treatment service as part of our existing OHS service, enabling access for staff to digital therapy options such as CBT online and an ambitious plan to spread and scale peer support across all NHS Lothian sites, services and HSCP's.

The role of organisational development in the wellbeing space is being recognised along with the potential galvanise the strength of OD and Psychology operating together to work with Teams and individuals experiencing significant occupational distress.

NHS Lothian have a network of local staff health and wellbeing leads. This group have been invited into a tactical wellbeing leads group during COVID-19 to ensure that local needs are heard and escalated to a strategic level and that the strategic position filters down.

Promoting rest and recuperation

NHS Lothian actively promotes rest and recuperation via utilisation of annual leave and the importance of taking breaks. For those staff shielding and working from home we have been promoting the message of taking extended breaks during daylight hours to get active outside. This message is more complex to promote to inpatient colleagues. Extended breaks are promoted wherever this is practicable, balanced with service demand. It should be remembered that due to the nature of the caring profession, even with the permission and promotion of rest via breaks, caring professionals will be conflicted by being asked to take a break when they see colleagues also needing a break and patient's needing care. The need for adequate staffing is fundamental to this aspiration.

We are actively working with the ELHF to direct charitable donations to support enhanced rest facilities. NHS Lothian currently have a grants application process via ELHF in action for permanent wellbeing spaces. The recent SG announcement of £500,000 across Health and Social Care (to be distributed according to NRAC) will be helpful in getting refreshments to some staff. We continue to work with facilities colleagues to review demand against core provision, ELHF and the generous public offers that come into the organisation to provide catering that is supportive and additional to our core provision.

Our Staff Wellbeing Strategy will be key to mapping and establishing how we get the basics right for our staff including facilities for rest and catering.

Partnership Working and Strategic Oversight of Staff Wellbeing

NHS Lothian has well established mechanisms and processes to involve, consult and seek approval from our Area Partnership Forum and appropriate Area Clinical Forums. Our Employee Director is regularly appraised of staff wellbeing activity and any arising issues. NHS Lothian's Staff Wellbeing Champion reports in to NHS Lothian's Corporate Management Team, Staff Governance Committee

and Staff Engagement and Experience Programme Board on a regular basis to ensure and maintain corporate level strategic leadership and oversight of staff wellbeing.

20. Assessment of Risk and Mitigation

System risks are captured in our management system risk registers, and are captured at high level in the NHS Lothian Corporate Risk Register. Both sector and service specific risks and, where possible, mitigating actions are outlined throughout this plan.

The key risks to remobilisation at a whole system level referenced though out this plan relate to the following. Ongoing system-wide risks which are captured elsewhere (such as Brexit or meeting specific targets) but are not discussed in this plan have been omitted from this list.

- Risk of adequate and appropriate PPE
- Risk of COVID-1919 future waves or spike exceeding COVID-1919 capacity
- Risk of continued build-up of 'backlog' of patients unable to be treated during restrictions on services
- Risk of reduction in productivity as a result of PPE and social distancing requirements
- Risk of staff availability due to sickness absence, shielding and isolation requirements resulting in staff shortages
- Risk of inadequate eHealth hardware and infrastructure (covered in more detail in section 16.1)
- Care Homes as high risk areas for infection
- Cross contamination of patients being discharged from acute services to community
- Maintenance of essential and critical care service provision during any future COVID-19 outbreak
- Care home interventions and support
- Care home visiting
- Inability to recruit, in particular nurse practitioner and advanced nurse practitioner posts
- Risk of increase of many retirals once pandemic crisis abates
- Risk that the pandemic has impacted student progression, further worsening the workforce shortage
- Increased demand on adult protection and mental health
- Deterioration in long term conditions due to reduced engagement with primary care and specialist clinics
- Financial pressures from additional costs to services
- Starting base if required to remobilise additional COVID-19 beds
- Increased unscheduled care demand during the winter and impact on scheduled care
- Significantly reduced demand during the pandemic resulting in a surge of referrals and associated impact on service delivery and waiting times
- Trauma impact to staff mental health of working during the pandemic, and risk of widespread PTSD-like effects throughout the workforce
- Risk that there will not be a regular vaccine supply
- Risk of exclusion of individuals who cannot use technology / distanced solutions or do not have access to technology

21. Finance

Through the Local Mobilisation Plan (LMP) process, NHS Lothian has submitted regular updates on estimated forecast and actual additional costs across health and social care associated with the response to the COVID 19 pandemic. The most recent return (January 21), forecast total revenue costs of circa £100m for health in 20/21.

Throughout the current year the Board has made funding commitments against a number of priorities, including:

- COVID 19 Vaccination programme;
- Test and Protect team (TAP);
- Testing and infection control capacity;
- Unscheduled Care flow;
- HSCP delayed discharges and additional bed capacity;
- Medical and nursing staffing;
- Estates and facilities workforce; and
- Capital investments in existing estate and additional equipment.

Investments approved as part of the Covid response are currently anticipated to require a further c.£66m funding in 21/22. Some of these activities will have a recurring commitment that will be assessed as future requirements and constraints become clearer. These figures reflect the current best estimate of 21/22 expenditure and will be reviewed through the financial planning process on an ongoing basis. The AOP assumes these identified Covid driven costs will be funded through additional allocations.

21/22 Annual Operation Plan (AOP)

NHS Lothian will submit its Annual Operational Plan (AOP) for 21/22 in February 2021, including relevant financial schedules detailing the Board's Financial Plan.

Work to inform the Financial Plan has focussed on understanding the 'Core' position (ie excluding Covid); the estimated impact of known Covid pressures in year and recurring; the assumed additional funding to offset pressures; and identified Financial Recovery Programmes.

After consideration of these variables, the 21/22 AOP will aim to forecast a breakeven position. Key assumptions / risks highlighted within the plan include:

- Outcome of pay award settlement and potential pressure generated;
- Additional Covid related costs beyond that identified and for which additional funding is unavailable
- Delivery of identified Financial Recovery Programmes during COVID restrictions;
- Additional cost of meeting Access targets, both reducing backlog and managing existing capacity gaps; and
- c. £25m risk on recurring costs supported from non recurring resources.

Emerging Financial Issues

This document sets out the service plans on how services will continue to be remobilised, within existing capacity and NHS Lothian's core budget. This work takes into account local risk assessments against physical distancing requirements and infection control requirements, as well as the requirement to maintain surge capacity.

Given the rapidly changing environment, the AOP is inherently uncertain. This document highlights a number of potential pressures or investments which have not yet been costed or considered through the Board's governance process, so have not been included within the AOP. Given the existing pressures in the AOP described above, there is currently **no flexibility to invest in emerging issues** within existing resources, and further funding will be required.

Amongst others, potential financial pressures not yet quantified or approved through the AOP process include:

- Access and Independent Sector, with specific focus on the following:
    - Endoscopy, including extension of The Aberdeen Clinic in Fife
    - Cystoscopy
    - Develop procurement spec for additional orthopaedics capacity
    - Theatre capacity expansion, including through insourced model
    - Extension of activity delivered through robotic surgery at Spire Murrayfield
    - Additional investments estimated at c. £10 - £15m and the Board will seek to explore capacity in the market, subject to Scottish Government agreement.
- Extension of the vaccination programme;
- Expansion of testing capacity;
- Developing post covid / long covid pathway;
- 7th Linac to support radiotherapy, and an increase in cancer referrals; and
- Additional Mental Health capacity over and above earmarked allocations

The Board has embedded Governance processes to ensure rapid decision making where required as part of the pandemic response. In parallel, existing Governance structures have been retained to ensure 'Business as Usual' decision making can continue. Regardless of the Governance route, financial commitments are assessed robustly, monitored frequently and reported transparently through the Executive Gold Command group.

Digital

Investment in digital infrastructure underpins both Remobilisation and Recovery (as well as the opportunity to Redesign and transform services), and will require capital and recurring revenue investment to support. The Board is currently developing business cases for individual services to explore phasing and prioritisation of options and anticipated benefits, and some initial investment has been agreed for Mental Health.

- Accelerated £4.3m 1 Year 2021/22 PC Replacement programme (to ensure that all NHS Lothian PC devices will be <5 Years of Age)
    - Supplements existing £1.2m pa PC Replacement Programme
    - 34,500 active users, using 24,500 devices (this initiative tackles remaining 30% (over 7,200) devices which currently have limited capability for running MS Teams/Near Me
- Additional strategic requests to deploy digital hardware (approx 1400 laptops including 385 delivered for COVID-19)

- Children's Community Services for Nursing/AHPS - 564 Laptops / 158 Mobile Phones (est delivery March 21)
- Over 300 laptops supplied to departments as routine orders in last 2 months
- 150 Additional laptop requests raised since 11th Jan 2021
- Plus 31 Service Area requests for additional strategic hardware

Funding additional investment in digital infrastructure will require a re-prioritisation of existing capital and revenue budgets, or additional Scottish Government funding. As well as supporting immediate resilience requirements, and identifying specific investments to support delivery of the remobilisation plan, this potentially represents a step change in how we equip staff to deliver services going forward.

We will continue to work with the Scottish Government to ensure NHS Lothian digital initiatives aligns with national priorities.

22. National Approach

The Lothian system's RMP3 has been designed as part of a collaborative process with partners across the country, and specifically the partnership between NHS Scotland's Planning Collaborative and the Scottish Government Health and Social Care Directorates.

This partnership has designed the process for producing this plan and agreed the parameters for content, in order that operational services across the system can focus on managing the key emergency power priorities. This approach has also increasingly brought national and territorial boards together on a collaborative basis in order to ensure that the work across Scotland is properly aligned. There should, for example, be a read-across between this plan and the work of the Scottish Ambulance Service and NHS 24, and there should be common assumptions and parameters.

NHS LOTHIAN

Board
23rd June 2021

Director of Strategic Planning

LOTHIAN STRATEGIC DEVELOPMENT FRAMEWORK

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on progress in developing the Lothian Strategic Development Framework (LSDF).

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

The Board is **recommended** to;

1) **Note** general progress;
2) **Note** that our 4 IJB partners have agreed to collaborate in the process of developing the LSDF;
3) **Agree** proposed phasing of work to deliver the LSDF document;
4) **Agree** the fixed points identified by the Corporate Management Team;
5) **Note** the process in train to answer key questions;
6) **Note** the establishment of the "buddy group" and the headlines from that group's first discussion

3 Discussion of Key Issues

For ease of navigation this section has been split into five sub-sections;

- ***The need to develop a strategic framework*** is at paras 3.1 to 3.5;
- ***Discussions with IJBs*** is at 3.6-3.9*;*
- ***Proposed phasing of work*** is at 3.10 and appendix 1*;*
- ***CMT session of 25th May – fixed points and key questions*** is at 3.11-3.14 and appendices 2 and 3;
- ***Buddy group*** is at 3.15-3.17

The need to develop a strategic framework

3.1 Board members are very aware of the range of challenges the health and social care system faces. These challenges have been acutely exacerbated by the Covid-19 pandemic, which is the most significant accelerant of change since the founding of the service in 1948.

3.2 In terms of key performance measures for the health and social care system, the Lothian system is challenged in terms of delivery of scheduled care, in meeting the 4-hour standard for emergency access, in reducing delayed discharges, in delivering access targets for child and adolescent mental health appointments, and meeting the same targets for delivery of psychological therapies.

3.3 These measures of service performance are compounded by both the financial position of the organisation and the inequalities gap we see within our communities. The latter, in particular, has been starkly reframed by our experience during the pandemic's first waves.

3.4 We have, however, also learned from the pandemic about a range of new ways of delivering healthcare which we wish to embed going forward, ranging from new positive dynamics in relationships with our public square partners to embracing digital, alongside a leading-edge approach to workforce planning and wellbeing.

3.5 This work is described as a "framework" as it needs to bring together a range of different programmes and perspectives. Board members are aware that there are a range of services for which the statutory responsibility for planning and commissioning now rests with our IJB partners, as well as services that NHSL is responsible for planning and commissioning.

Discussions with IJBs

3.6 NHS Lothian has sought the agreement of our four IJB partners to work collaboratively with us to develop this framework, given the interdigitation of our five organisations.

3.7 The Strategic Planning Directorate of NHSL has presented to each of the 4 IJBs – three strategic planning groups and one IJB proper – and there has been agreement to work in a collaborative fashion on this going forward.

These meetings were;

- Midlothian IJB: 11/3/21
- West Lothian IJB Strategic Planning Group: 1/4/21
- East Lothian IJB Strategic Planning Group: 5/5/21
- Edinburgh IJB Strategic Planning Group: 17/5/21

3.8 Each of our IJB partners is currently in the process of considering the updates that will be required to their Strategic Plans, so the timing for this process is beneficial on both sides.

3.9 Board members will recall that representatives of each of our 4 IJB partners attended the Board's Planning, Performance, and Development Committee in May and updated on the work they are undertaking.

Proposed phasing of work

3.10 The proposed phasing of the work to deliver a consultation document to the Board for its December meeting is outlined in Appendix 1. This is a modification of the timetables previously circulated, with a clearer description of actions and tasks to be undertaken.

CMT session 25th May – fixed points, key questions

3.11 Following on from the PPDC meeting of May, the Corporate Management Team – incorporating the executive leadership team of NHS Lothian and Chief Officer colleagues from our 4 IJB partners – held a session to work on what could be constituted as "fixed points" for the framework, from an NHSL perspective. The proposal from the CMT about these fixed points is appended at Appendix 2.

3.12 The principles and assumptions adopted in draft form by the Board at its April meeting are attached at Appendix 3.

3.13 The CMT also agreed a list of 29 key questions that it felt needed to be answered – amongst others – and agreed ***where*** these questions needed to be answered.

3.14 As a result of this session;

- The Chair of the NHSL Board has written to our 4 IJB partners, asking them specific questions regarding the areas under their strategic purview, and to share their views on what the answers to these questions are by the end of August. These letters expressly note that the collaborative process may seem awkward, but that being clear about the relative perspectives of the 5 bodies is crucial to allow us to debate and agree the best way forward;
- The Director of Strategic Planning for NHSL has written to the chairs of the Unscheduled Care, Mental Health, and Scheduled Care Programme Boards to ask them to work to provide answers for the specific issues identified for these programmes, again by end-August. Board members will recall that the Unscheduled Care and Mental Health Programme Boards are the vehicles, chaired by an IJB Chief Officer, to provide a space to agree between the 4 IJBs and NHS Lothian what the operational delivery and strategic actions for the next five years should be, and to monitor their implementation;
- The Director of Strategic Planning has written to the incoming Director of Primary Care to ask for her views on how best to agree a way forward on the strategic planning of Primary Care;
- The Director of Strategic Planning has written to the Chief Executive of NHSL to ask that he ensure that the Executive Leadership Team and the Corporate Management Team answer the questions remitted to those bodies.

Buddy group

3.15 The Vice-Chair of the Board and the Chief Executive have agreed that, given the breadth and complexity of the LSDF agenda, it would be helpful to establish a "buddy group" to bring together NHS Lothian executives and non-executive members, and to act as a sounding board for strategic recommendations to be formed and tested.

3.16 This pilot buddy group is focussed on the development of the LSDF, and as such involves the NHSL Chief Executive and Director of Strategic Planning, along with Martin Hill, Jock Encombe, Katharina Kasper, and Peter Murray.

3.17 The first meeting of this group took place on 15th June 2021. This meeting reviewed the "story so far" and what the ambitions were for the LSDF and how it would be delivered. Non-executive members made six key points in this discussion that they requested be included in this paper, for clarity;

- In consideration of key points, it is important that one of the key fixed points is the citizen's home;
- That throughout the process it is important to keep the refining of the planning system between the five partners, and the influencing role of Board members in that, to the forefront of the collective mind;
- That the Framework needs to emphasise the importance of "upstream" preventative work – and that public health, the primary care system, and services for children are key to this;
- That the Framework needs to seek to streamline the integration process in the service of an agreed single story for the system;
- That the Framework needs to include multiple ambitions and horizons – so this needs to include both the "service strategy" covering the work we will do to deliver improved performance, and the "blue sky thinking" that considers how the organisation takes a broader influencing role in the public square;
- That we work not only with our 4 IJB partners but with the public, local authorities, universities, the third sector, *et cetera*, in order to facilitate a broader vision.

4 Key Risks

4.1 The key risks the organisation faces drive the development of the Framework.

4.2 In terms of the delivery of the Framework, risks include;

- Capacity and capability in the partner organisations to develop and executive strategy;

  The acceptability of the propositions within the Framework to stakeholders;

  The emergent nature of the environments faced by partners and stakeholders (for example, a resurgence in Covid-19)

5 Risk Register

5.1 The Framework should assist in the management of the risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment has not, as yet, been carried out. We have engaged support from the RSA to assist in some of this work, and an impact assessment would be required for each firm proposal.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 The Framework will require public consultation, and tender documents for the engagement of external independent support are being drafted.

8 Resource Implications

8.1 The resource implications are as yet unknown.

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Director of Strategic Planning
16th June 2021
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List of Appendices

Appendix 1: Phasing proposal
Appendix 2: Key points
Appendix 3: Principles and assumptions

Appendix 1

Phasing of LSDF programme

Phase	Title	Activities	Timescale	Outputs
0	Pre-work	Learning from Waves One and Two	Winter 20-21	RSA report on pre-work Edinburgh survey
1	Construction and approach	Develop Gantt chart, Identify project resources, clarify problem statement and necessary workgroups, Develop principles and assumptions IJB sign-up	Feb-Mar 21	Board and CMT agreement IJB agreement Slide deck 1
2	First draft	Review of IJB Strategic Plans, Review of LHP, Review of OHOCOF, Review of ToRs for Programme Boards, Corporate Objectives, etc	April	Presentation to PPDC May Slide deck 2
3	Identifying the gaps	Create 1/3/5 grids Commission work on outcomes from END, EMD, ACF Identify fixed points Questions to Programme Boards Parameters group	May	CMT session 25th May Slide deck 3 Propositions for Programme Boards – Cancer, Primary Care

Phase	Title	Activities	Timescale	Outputs
4	Answering questions	Programme Boards to pick up identified questions and answer (or have process…) Commence Great Ideas work with RSA Develop tender documents for external consultation support and out to tender Establish NED Buddy group City Summit Pre-engagement RSA events	May - August	1/3/5 grids completed for each Programme Board Slide deck 4 Cohort of public entrepreneurs identified Executive Summary drafted – CMT, Buddy Group
5	Second Draft	Bring back scenarios from Parameters Group and feed into Programme Boards Bring back questions and answers from Programme Boards and incorporate	Late August	Summary document Scenarios summary Single 1/3/5 framework Slide deck 5 September PPDC

Phase	Title	Activities	Timescale	Outputs
6	Cross-checking	Are “answers” given by Programme Boards deliverable within parameters? What are major risks to delivery over 5 years?	September 2021	Revised executive summary Slide deck 6
7	Draft for Consultation	Produce draft Continue to revise major elements with Programme Boards	October 2021	Produce 20-page summary PPDC November endorsement
8	Consultation	Consultation events etc	Mid-December – Mid-Feb	Board December
9	Consultation Report	External consultants produce report	Late February	To March PPDC
10	Approval	Produce final report	March	To Board April 22

Lothian Strategic Development Framework – Fixed Points

1. Per *Our Health, Our Care, Our Future, w*e will retain the four campus sites – The Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, St John's Hospital at Howden, and the Western General Hospital.
2. Per *the Lothian Hospitals Plan*, we will use the sites as;
    a. The Royal Edinburgh Hospital will be the specialist acute mental health facility with specialist learning disabilities and rehabilitation services;
    b. The Royal Infirmary of Edinburgh will be South-East Scotland's major unscheduled care centre, incorporating the Major Trauma Centre, and specialist neurosciences and children's services;
    c. St John's Hospital will be West Lothian's district general hospital, with specialist regional surgical services and a short-stay elective centre;
    d. The Western General will be South-East Scotland's Cancer Centre, with breast, urology, colorectal surgical services on-site
3. We will have community inpatient facilities in East Lothian (ELCH) and Midlothian (MCH);
4. We will only provide general anaesthetics at RIE, SJH, and WGH, with provision at REH to support treatments such as electro-convulsive therapies;
5. We are clear that the Western General will be the home for the new Edinburgh Cancer Centre
6. Sexual Health Services within Edinburgh are provided at the Chalmers Centre
7. We will not provide high-secure forensic mental health accommodation
8. The strategic planning and commissioning of unscheduled care, primary care, general practice, rehabilitation, and mental health services are delegated to our four IJB partners - East Lothian, Edinburgh, Midlothian, and West Lothian
9. All other services are the strategic planning and commissioning responsibility of NHS Lothian.

Above have been agreed, with additions as follows;

Point 5 – to stress that this is the region's cancer centre;

Point 4 – may need to temporarily changed to deliver increased post-COVID activity

Performance targets will be in-line with national prevailing standards, but the Executive Nurse Director and Executive Medical Director are considering what outcomes of care we would wish to work towards.

Figure 1: Challenges & Principles

Assumptions	Principles
We will honour legally committed investment to date. We will test fully approved investment (not yet legally committed) against the principles to the right before legally committing. We accept that there will be significant financial constraints We will start with large waiting lists and work through these according to clinical prioritisation Workforce availability will be a key consideration, and all models will need to reflect this. The pandemic has and will continue to change our models of care (how significantly is uncertain) There will be a requirement for redesign capacity to support change There will be an evolving context and narrative.	All cases and actions need to be clear on the question they seek to answer All cases and actions need to be able to demonstrate that they advance the organisational strategy All facilities will be flexible and multi-use We will work to reduce “on-site” attendances wherever we can We will separate emergency and elective activity where possible and maximise the use of “single-day” pathways We will align actions and facilities with our public and third-sector partners Non-clinical space will be minimised Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest.

NHS LOTHIAN

Board Meeting
23rd June 2021

Director of Finance

2020/21 FINANCIAL POSITION

1 Purpose of the Report

1.1 This paper provides an update to the Board on the financial position for 2020/21 for NHS Lothian.

1.2 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

2.1 The Board is asked to:

- **Accept** NHS Lothian has achieved its financial target of breakeven for the year 2020/21, subject to external audit review.

3 Discussion of Key Issues

Financial Position as at March 2021

3.1 The Finance & Resources Committee has received a report showing that NHS Lothian has operated within its Revenue Resource Limit for 2020/21, although this position remains subject to external audit. This report showed the health board with **an underspend of £1,328k reported** for the year ending 31st March 2021.

3.2 This position reflects a baseline operational overspend position of £14,553k offset by the net release of reserves flexibility of £15,881k. A summary of the year to date position is shown in Table 1 below with further detail by expenditure type attached in Appendix 1 and Business Unit in Appendix 2.

Table 1: Financial Position to 31st March 2021

	YTD £k
Pay	(7,855)
Non Pays	(18,354)
Income	11,656
Operational Position	**(14,553)**
Additional Reserves Flexibility	15,881
Total	**1,328**

3.3 The Financial Plan presented to the Board in April 2020 showed a projected deficit for the year of £10.8m. In-year benefits from an improved operational position and other one-off items of flexibility have all contributed to achieving the final year-end underspend position.

Financial Impact of COVID-19 – 2020/21

3.4 COVID-19 has had a significant impact on NHS Lothian's finances during 2020/21. In total, an estimated £146.4m of additional costs has been incurred in relation to Covid, however there have also been offsets estimated at £35m from activity reduction in other areas throughout the year. The net financial impact to NHS Lothian's position was £110.9m for which funding has been received from the Scottish Government and released to offset the additional costs incurred. Table 2 below summarises this.

Table 2: Summary of 2020/21 position

	£k
Core Position	1,328
Total Estimated Covid Expenditure	(146,355)
Reduced Expenditure or Offsets	35,410
Covid Funding Released	110,945
Net Covid Costs	**0**
Year End Position	**1,328**

3.5 Overall £180m of Covid related allocations have been received from the Scottish Government. As highlighted above £110.9m has been released to offset costs within the NHS Lothian overall position. In addition, £49m has been transferred to Local Authorities in line with Government guidance for Social Care specific Covid costs, with a further £20m being held by IJBs in Covid Earmarked Reserves for IJB Covid costs to be incurred in 2021/22 as shown in Table 3.

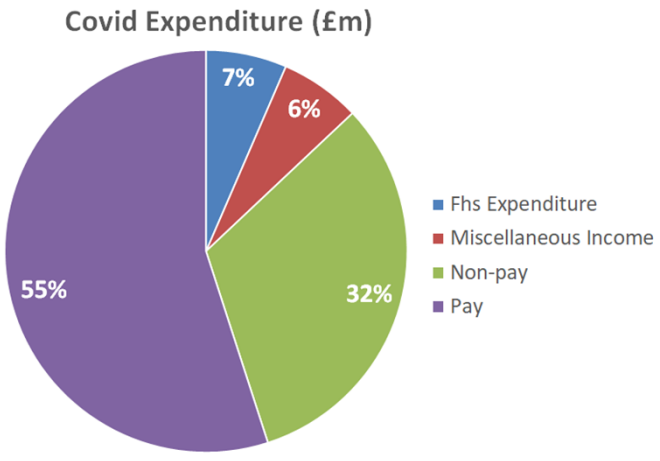
Table 3: Details of Covid Allocations

	East Lothian	Edinburgh	Midlothian	West Lothian	Health Board	Total
	£m	£m	£m	£m	£m	£m
Total Covid Related Allocations Received	**£10.3**	**£47.0**	**£9.6**	**£15.1**	**£98.4**	**£180.4**
Total Covid Funding Released to offset costs	**£(3.0)**	**£(4.4)**	**£(2.2)**	**£(2.9)**	**£(98.4)**	**£(110.9)**
Transfered to Council	£(3.0)	£(29.0)	£(6.2)	£(11.1)	£0.0	£(49.1)
Covid Earmarked Reserves	£(4.3)	£(13.6)	£(1.3)	£(1.2)	£0.0	£(20.3)
Remaining Covid Allocation	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**£0.0**	**£0.0**

3.6 Of the £146.4m additional costs, Table 4 below and the pie-chart show further details. 55% of the costs relate to additional pay costs and 32% non-pay. The most significant element relates to additional nursing costs of £40m.

Table 4: Breakdown of Covid Costs 2020/21

Total Covid Costs	**£m**
Medical & Dental	£13.71
Nursing	£40.34
Support Services	£7.31
Administration Services	£10.15
Other Pay	£8.95
Total Pay Costs	**£80.45**
Payment to GPs	£3.36
Prescribing	£6.14
Equipment	£6.32
Medical Supplies	£1.53
IT Kit & Equipment	£2.57
RHSC Lost Reciept	£9.00
Annual Leave Adjustment	£4.50
Other Non-pay	£16.50
Total Non-Pay	**£49.93**
Lost Income	£13.01
Lost Efficiencies	£2.97
Total Covid Costs	**£146.35**



Efficiency & Productivity

3.7 Despite the impact of Covid, in total £17.1m of savings were delivered in the operational units, of which £6.7m was delivered on a non-recurrent basis. Table 5 shows the delivery of the savings by Business Unit.

Table 5: Efficiency Savings Achieved 2020/21

	Planned	Achieved			Shortfall
		Recurring	Non Recurring	Total	
	£k	£k	£k	£k	£k
Acute Services Division	9,013	8,281	50	8,331	(682)
Corporate Services	999	212	570	782	(216)
East Lothian Partnership	888	0	528	528	(360)
Edinburgh Partnership	3,470	0	3,238	3,238	(232)
Facilities And Consort	2,430	500	921	1,421	(1,009)
Midlothian Partnership	657	0	418	418	(239)
Reas	1,400	0	922	922	(478)
West Lothian Hsc Partnership	1,251	1,473	20	1,493	243
Grand Total	**20,107**	**10,466**	**6,669**	**17,134**	**(2,972)**

Integration Joint Boards Year End Outturn

3.8 The financial position in relation to Integration Joint Boards has been more challenging to assess during the year due to the impact of additional Covid costs on delegated and set aside services. With all work now complete in relation to the collection of Covid costs and the release of funding to offset, it is now possible to report the overall core IJB position. All four IJBs have reported an initial underspend on their health element after Covid funding was distributed and this has resulted in all having general reserves available to carry forward into the new financial year. Appendix 3 sets out the outturn position by IJB, showing the outturn before and after the carry forward of general reserves.

Financial Position into 2021/22

3.9 As reported to the Board in April, the overall gap for next year totals £91m and is split into two elements, including a £25m gap relating to the Core financial position and a further £66m relating to projected costs associated with Covid.

3.10 As we move into 2021/22 reporting there are further steps now required to refine the plan as information is made available and plans are updated. Final confirmation of uplift settlements and pay awards will be a key element of this.

3.11 Other key elements for review include:

- Ongoing dialogue with Integration Joint Boards;
- Assessment of the continued requirement for previously agreed investment.
- Recovery actions/efficiency schemes to be continually developed.
- Implementation plans produced to close the financial gap within Business Units.
- Review of the ongoing costs associated with Covid.
- A review of growth estimates.

3.12 Moving into the new year and with a Financial Plan gap of £25m, the potential volatility of Covid activity and cost, the challenge of recovery and remobilisation, and the reduced ability to provide focus to financial performance within services and our ability to deliver within financial constraints is all a concern and will require close management and control.

4 Risk Register

4.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. ***(Finance & Resources Committee)***

4.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

5 Impact on Inequality, Including Health Inequalities

5.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

6 Duty to Inform, Engage and Consult People who use our Services

6.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

7 Resource Implications

7.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

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31st May 2021
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Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st March 2021
Appendix 2 - NHS Lothian Summary by Operational Unit to 31 March 2021
Appendix 3 – NHS Lothian year-end outturn, by IJB

Appendix 1 - Lothian Income & Expenditure Summary to 31st March 2021

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)	Period Variance (£k)
Medical & Dental	306,114	306,114	313,977	(7,863)	(1,754)
Nursing	506,437	506,437	504,806	1,631	2,592
Administrative Services	140,096	140,096	132,796	7,301	1,817
Allied Health Professionals	83,498	83,498	82,998	500	223
Health Science Services	44,664	44,664	45,063	(399)	(112)
Management	9,557	9,557	8,377	1,179	125
Support Services	76,674	76,674	82,967	(6,293)	(798)
Medical & Dental Support	13,243	13,243	14,223	(981)	(165)
Other Therapeutic	39,760	39,760	42,963	(3,203)	(323)
Personal & Social Care	3,779	3,779	3,549	230	26
Other Pay	1,196	1,196	1,116	80	(94)
Emergency Services	6	6	6	0	(0)
Vacancy Factor	(38)	(38)	0	(38)	(3)
Pay	**1,224,985**	**1,224,985**	**1,232,840**	**(7,855)**	**1,535**
Drugs	142,795	142,795	145,818	(3,022)	(1,558)
Medical Supplies	96,939	96,939	94,665	2,274	(2,449)
Maintenance Costs	7,395	7,395	16,311	(8,916)	(4,043)
Property Costs	43,012	43,012	42,876	137	1,508
Equipment Costs	39,312	39,312	49,821	(10,509)	(2,306)
Transport Costs	8,850	8,850	8,572	278	(335)
Administration Costs	195,729	195,729	176,720	19,009	13,271
Ancillary Costs	13,112	13,112	14,244	(1,131)	(251)
Other	(23,700)	(23,700)	(22,915)	(785)	(803)
Service Agreement Patient Serv	35,209	35,209	47,679	(12,470)	(10,481)
Savings Target Non-pay	(1,032)	(1,032)	0	(1,032)	(109)
Resource Trf + L/a Payments	176,624	176,624	178,466	(1,842)	(476)
Non-pay	**734,246**	**734,246**	**752,256**	**(18,010)**	**(8,031)**
Gms2 Expenditure	147,195	147,195	147,719	(524)	490
Ncl Expenditure	888	888	883	5	(0)
Other Primary Care Expenditure	87	87	54	33	(0)
Pharmaceuticals	155,220	155,220	154,685	535	(353)
Primary Care	**303,390**	**303,390**	**303,341**	**49**	**136**
Other	**(1,458)**	**(1,458)**	**(1,062)**	**(396)**	**(85)**
Income	**(303,764)**	**(303,764)**	**(315,420)**	**11,656**	**2,898**
Revenue Resource Limit	**(6,000)**	**(6,000)**	**(6,000)**	**0**	**0**
Extraordinary Items	**0**	**0**	**(3)**	**3**	**0**
CORE POSITION	**1,951,398**	**1,951,398**	**1,965,951**	**(14,553)**	**(3,547)**
Additional Reserves Flexibility	15,881	15,881	0	15,881	5,329
TOTAL	**1,967,279**	**1,967,279**	**1,965,951**	**1,328**	**1,782**

Appendix 2 - NHS Lothian Summary by Operational Unit to 31 March 2021

Description	Acute Services Division (£k)	Reas (£k)	Directorate Of Primary Care (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	**802,896**	**103,276**	**30,831**	**92,823**	**394,036**	**83,737**	**166,677**	**190,827**	**189,828**	**36,198**	**(7,977)**	**(131,752)**	**15,881**	**1,967,279**
Medical & Dental	(3,867)	(873)	(813)	(428)	(470)	(229)	(721)	0	165	(413)	(214)	0	0	**(7,863)**
Nursing	(3,277)	(36)	340	1,189	2,473	471	1,382	(14)	(125)	(137)	(635)	0	0	**1,631**
Administrative Services	507	78	(114)	113	388	9	109	(388)	7,550	(601)	(349)	(1)	0	**7,301**
Allied Health Professionals	(545)	(150)	(16)	120	1,359	(127)	505	(29)	(610)	0	(6)	0	0	**500**
Health Science Services	684	(34)	(0)	0	122	0	25	(10)	(1,133)	0	(54)	0	0	**(399)**
Management	(9)	10	91	0	493	(6)	19	(46)	556	68	4	0	0	**1,179**
Support Services	(314)	62	(121)	(14)	(11)	(10)	88	(5,586)	(166)	(222)	1	0	0	**(6,293)**
Medical & Dental Support	(941)	(1)	0	(43)	(7)	0	84	0	(73)	0	0	0	0	**(981)**
Other Therapeutic	(26)	351	40	18	(33)	133	43	0	(3,671)	(57)	0	0	0	**(3,203)**
Personal & Social Care	(10)	(73)	35	9	(15)	6	0	(0)	278	0	0	0	0	**230**
Other Pay	(71)	24	(1)	(2)	46	0	0	97	(12)	0	0	0	0	**80**
Emergency Services	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Vacancy Factor	(120)	0	0	0	0	0	82	0	0	0	0	0	0	**(38)**
Savings Target Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Pay	**(7,990)**	**(642)**	**(559)**	**961**	**4,345**	**247**	**1,617**	**(5,976)**	**2,759**	**(1,363)**	**(1,253)**	**(1)**	**0**	**(7,855)**
Drugs	(2,670)	(91)	228	(78)	(47)	(125)	(115)	(12)	396	(510)	0	0	0	**(3,022)**
Medical Supplies	3,494	(107)	(1)	(264)	(535)	1	178	(555)	38	26	(0)	0	0	**2,274**
Maintenance Costs	(597)	(186)	(3)	(36)	(286)	(47)	(170)	(3,919)	(90)	(3,582)	(0)	0	0	**(8,916)**
Property Costs	(30)	(24)	(0)	14	122	28	(63)	1,068	8	(985)	0	0	0	**137**
Equipment Costs	(5,877)	(216)	84	(470)	(847)	(188)	(391)	(448)	(1,987)	(162)	(9)	1	0	**(10,509)**
Transport Costs	(58)	160	27	36	71	100	195	(464)	191	23	2	(3)	0	**278**
Administration Costs	131	425	(535)	342	5,276	467	239	(4,576)	3,573	12,832	782	54	0	**19,008**
Ancillary Costs	(574)	32	(7)	(48)	(220)	29	(45)	(200)	(87)	(11)	(0)	0	0	**(1,131)**
Other	(361)	4	0	0	(575)	0	18	217	(88)	(0)	0	0	0	**(785)**
Service Agreement Patient Serv	(124)	(78)	(1)	639	(2,755)	(13)	468	(27)	(100)	(9,662)	(22)	(795)	0	**(12,470)**
Savings Target Non-pay	(634)	0	0	0	(421)	8	(0)	0	16	(0)	0	0	0	**(1,032)**
Resource Trf + L/a Payments	(36)	(68)	0	(85)	(1,851)	(132)	304	0	(30)	54	0	0	0	**(1,842)**
Non-pay	**(7,336)**	**(149)**	**(208)**	**52**	**(2,070)**	**127**	**618**	**(8,916)**	**1,840**	**(1,978)**	**753**	**(743)**	**0**	**(18,010)**
Gms2 Expenditure	(163)	(39)	34	(209)	(313)	45	236	(61)	(52)	0	(2)	0	0	**(524)**
Ncl Expenditure	0	0	5	0	0	0	0	(0)	0	0	0	0	0	**5**
Other Primary Care Expenditure	33	0	0	0	0	0	0	0	0	0	0	0	0	**33**
Pharmaceuticals	0	0	1,153	(75)	(280)	(83)	(181)	0	0	0	0	0	0	**535**
Primary Care	**(130)**	**(39)**	**1,192**	**(284)**	**(592)**	**(38)**	**56**	**(62)**	**(52)**	**0**	**(2)**	**0**	**0**	**49**
Other	**(6)**	**(1)**	**0**	**0**	**(19)**	**0**	**(40)**	**(111)**	**1**	**0**	**0**	**(220)**	**0**	**(396)**
Income	**1,008**	**(3)**	**24**	**1**	**(109)**	**6**	**(86)**	**3,855**	**(76)**	**1,099**	**219**	**5,718**	**0**	**11,656**
Revenue Resource Limit	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**
CORE POSITION	**(14,454)**	**(834)**	**449**	**729**	**1,555**	**343**	**2,164**	**(11,211)**	**4,472**	**(2,239)**	**(283)**	**4,754**	**0**	**(14,554)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	15,881	**15,881**
TOTAL	**(14,454)**	**(834)**	**449**	**729**	**1,555**	**343**	**2,164**	**(11,211)**	**4,472**	**(2,239)**	**(283)**	**4,754**	**15,881**	**1,328**

Appendix 3 – NHS Lothian Year-end Outturn, by IJB

		YTD Variance				
	YTD Variance £'000	East Lothian IJB £'000	Edinburgh IJB £'000	Mid Lothian IJB £'000	West Lothian IJB £'000	Non-Delegated £'000
Annual Budget	**1,967,279**	**129,754**	**556,461**	**111,141**	**202,799**	**967,123**
Delegated	**4,145**	892	1,203	352	1,698	0
Set Aside	**(1,300)**	(36)	(178)	(29)	(614)	(443)
Non Delegated	**1,772**	0	0	0	0	1,772
Total Pre Reserves	**4,616**	**856**	**1,025**	**323**	**1,084**	**1,328**
Reserves Created	(3,288)	(856)	(1,025)	(323)	(1,084)	0
Grand Total	**1,328**	**0**	**0**	**0**	**0**	**1,328**

NHS LOTHIAN

Board
23 June 2021

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to review NHS Lothian's Corporate Risk Register and associated processes to ensure it remains fit for purpose.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

The Corporate Management Team (CMT) recommends to the Board to:

2.1 Approve the recommendations for individual risks on the Corporate Risk Register (CRR) as set out in Table 1.

2.2 Approve the revised risk descriptions, governance, management, and assessment of adequacy of controls and grading.

2.3 Approve the new risks for inclusion on the CRR.

2.4 Note the Chairs' risk assurance meeting.

2.5 Note the yearly internal audit into Lothian's Risk Management System will be presented to the June 2021 Audit & Risk Committee

3 Discussion of Key Issues

3.1 Role of the Corporate Management Team

3.1.1 It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. There will also be an opportunity for the CMT to consider operational and/or strategic risks for potential inclusion on the CRR.

3.1.2 The CMT will make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHSL risk management system including our assurance system

3.1.3 As agreed at the April 2021 Board the following risks were closed on the CRR: Royal Hospital for Sick Children/Neurosciences, Waste Management and Medical Workforce.

3.1.4 All risks have been reviewed except for Violence & Aggression and GP Sustainability. Table 1 below sets out the recommendations approved at the April Board and review recommendations.

Table 1

Risk ID	Opened	Risk Title	Approved April Board Recommendation/rationale	June Board Recommendation
Review/Amalgamate Risks				
3454	**13/02/13**	Learning from Complaints	This risk requires review with a focus on performance and set within the context of the corporate objectives.	This risk has been reviewed and aligned with organisation objectives concerning performance (see 3.2.1)
3600	**23/04/14**	Finance	This is a long-standing risk on the CRR and as such warrants review	Risk has been reviewed with a focus on operational capacity and financial resources (see 3.2.2)
3726	**11/03/15**	Timely Discharge of Inpatients (Previously Unscheduled Care:	Ensure clarity with respect to the focus and management of this risk and reduce duplication across other risks on the CRR such as 4 hour emergency access standard.	Risk reviewed with a focus on inpatient discharge processes and community capacity (see 3.2.3)
3829	**10/10/15**	GP Sustainability	This is a longstanding risk and the GP landscape has been subject to significant change and as a result this risk merits review.	To be reviewed when the new Director of Primary Care is in post
4693	**04/04/19**	Brexit/EU exit	This risk has been reviewed and will be downgraded to medium from high risk with regular review in place to assess potential risks that cannot be managed at an operational and/or national level.	This risk has been reviewed and the April Board agreed to be downgraded to medium from high risk with regular review in place to assess potential risks that cannot be managed at an operational and/or national level.
4820	**29/07/19**	Delivery of level 3 recovery plans	To reduce overlap with other risks on the CRR, associated plans and measures such as Access to Treatment. Timely discharge of inpatients etc to strengthen the management of risks across the CRR.	To be removed and replaced with two new risks: • Access to psychological therapies • Access to CAMHS See description, summary of management and governance (see 3.3.1/3.3.2)
3189	**19/10/15**	Facilities Fit for Purpose	There is a need to clearly articulate the risks that are not being managed at an operational level. This may lead to revised or new risks	This risk has been reviewed and remains as is, until a full review of NHS Lothian property is complete. Apart from RIE which is a new

Risk ID	Opened	Risk Title	Approved April Board Recommendation/rationale	June Board Recommendation
			related to the RIE estate (end of the PFI contract) which has both financial and patient safety implications. The Finance Director has agreed to develop this risk.	proposed risk on the CRR. This risk will be reviewed in January 2022 considering the survey results. A clear action plan to deliver the schedule of reviews is now available.
3455	**13/02/13**	Violence & Aggression.	This is a long standing risk on the CRR and there is a need to articulate risks that are not being managed at an operational level supported by data as there is currently clear management oversight at a service level through the H&S operational groups and H&S Committee at the Board.	Currently under review to identify risks that are not managed at an operational level.
3328	**01/03/13**	Roadways/ Traffic Management	This Risk would benefit from a review to identify residual risk, associated mitigation plans including control owners. An initial review would suggest that the focus should be on the 4 inpatient sites where there is a mismatch between demand and capacity resulting risky behaviour plus verbal and physical aggression to traffic management staff.	This risk has been reviewed and has moved from a generic risk description covering all sites to one focusing solely on the 4 inpatient sites as other sites are being managed at an operational level. (see 3.2.4)
1076	**11/06/07**	Healthcare Associated Infection	This risk would benefit from a review in the light of interrelated risks on the CRR which include Facilities fit for purpose, COVID- 19 and Water Safety Risk, to clarify the focus of this risk and identify the plans in place to manage the risk including control owners	New risk description is focused on patients, as infrastructure issues are covered by other risks on the CRR e.g. Water safety, facilities fit for purpose (see 3.2.5)
3203	**26/03/12**	4 Hours Emergency Access Standard (Organisational)	The management oversight and plans to mitigate these two risks are the same. Having one risk will ensure clarity with respect to control owners, management oversight, mitigation plans and governance reporting	3203 and 4688 have been combined see risk description, and a summary of governance and management (see 3.2.6)
4688	**21/03/19**	Patient safety in RIE ED	See above.	See above
3211	**02/04/12**	Access to Treatment (Organisation Risk)	The management oversight and plans to mitigate these two risks are the same. Having one risk will ensure clarity with respect to control owners, management oversight, mitigation plans and governance reporting	3211 and 4191 have been combined see risk description and a summary of governance and management (see 3.2.7)
4191	**16/05/17**	Access to Treatment (Patient Risk)	See above	See above

3.1.5 The revised risks and new risks generated from the review with executive leads are set out below and include the risk description, governance, and management arrangements plus assessment of adequacy of controls and grading.

3.2 Revised Risks

3.2.1 Complaints

Risk Description
There is a risk that the complaints management process does not meet national performance standards and cannot evidence actions from learning.

Governance
Healthcare Governance, with regular reporting on performance and improvement actions

Management – Executive Lead: Director of Nursing, Midwifery and AHPs

- Management of complaints at a corporate level is through the Corporate Management Team with monthly reporting. Improving complaints management is also a key objective for all Executive Directors.
- Operational management is through the site directors and HSCP Chief Officers with a clear escalation process through the management structures to the CMT
- The patient experience team meet monthly to progress actions pertinent to the central team.

Plans
A Complaints Improvement Group has recently been established to develop a plan to mitigate this risk. The group plans to understand the current system, identify, test and embedded changes that will lead to improvements in performance, the quality of the complaint reviews and thematic learning supported by a robust measurement framework.

Measures

- Compliance with the 5 day and 20-day national standards
- Increase the proportion of complaints managed at stage 1 to 20% of all complaints in each Directorate
- Increase the proportion of complaints managed within the 20 day timescale to 90% of stage 2 complaints in each Directorate
- Reduce the proportion of complaints reaching a second delay to <2% of the total number of current open complaints
- Additional measures will be developed as part of the complaint's management improvement plan.

Adequacy of controls and Grading
Inadequate as there are currently no improvement plan in place to mitigate this risk, plus current performance. Grading to remain at High 16

3.2.2 Finance

Risk Description
The Board cannot create the operational capacity to meet current and future demand for services and expected performance standards, because its financial resources

do not reflect the growing and ageing Lothian population, leading to poorer patient experience and outcome.

Governance
The Finance & Resources Committee.

Management – Executive Lead: Director of Finance
The plans to mitigate this risk will be generated through the management structures for consideration by the Finance Oversight Board.

Plans
Financial plans to mitigate this risk will be derived from national, strategic, and service plans which seek to deliver additional capacity, including those related to performance standards.

A number of performance standards are on the CRR (see below), with plans to deliver additional capacity and associated finance. These plans are generated by NHS Lothian Scheduled and Unscheduled Programme Boards and will be considered by the Finance Oversight Board in addition to discrete plans such as workforce, capital, and digital plans.

Measures
- NRAC Parity
- Funded capital plans
- Strategic financial plan that recognises population growth and associated funding
- Compliance with performance standards please see measurement framework for performance risks on the CRR

Adequacy of controls & grading
A number of controls are out with Lothian and the current situation has been long standing as such controls are **inadequate** and **proposed grading of Very high (20) (Impact = Major, Likelihood = Almost Certain)**

3.2.3 **Timely discharge**

Risk Description
There is a risk that NHS Lothian does not discharge patients in a timely manner resulting in sub-optimal patient flow because of ineffective processes for discharge planning and lack of appropriate and sufficient care provision in the community. The consequences are that patients are cared for in a hospital environment for longer than is necessary leading to increased risk of patient harm and poor experience of care and impacting on NHS Lothian capacity to deliver safe and timely patient care.

Governance
The Board is the principle governance committee for this risk and will receive seek assurance on the implementation of agreed plans with Healthcare Governance seeking assurance on mechanisms to mitigate any associated clinical risk

Management – Executive Lead: Deputy Chief Executive
The Unscheduled Care Programme Board is the group with accountability for oversight and delivery of plans to manage this risk, supported by:

- Unscheduled Care Committee
- HSCP Management Groups
- Acute Senior Management Team & site Hospital Management Groups

The unscheduled care programme includes:

Access to Urgent Care
- Redesign of Urgent Care Phase 1 (supporting the public to access the right care at the right time)
- Redesign of Urgent Care Phase 2 (improving professional access to same day secondary and community care services)

Discharge planning and transfers of care
- Pan-Lothian discharge protocol, including implementation of Planned Date of Discharge model

Reliable front and back door processes
- Department processes to support achieving 4 hour emergency access standard
- Ward/Discharge Hub/Community Team processes to support timely discharge

System capacity
- Assessment of balance of resources across acute and community, with initial focus on Hospital at Home model

Plans
An unscheduled care programme improvement plan is being collated by the unscheduled care programme director to manage this risk.

Measures
Included in Unscheduled care measurement framework.

Adequacy of controls & grading
Plans are under development but not yet in place, therefore **inadequate**.
Current grading is Very high (20) (Impact = Major, Likelihood = Almost Certain)

Proposed to downgrade to high (15) Impact – moderate, likelihood almost certain based on current performance

3.2.4 Traffic Management

Risk Description
There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.

Governance and Management remain the same as does grading and adequacy of controls

3.2.5 Healthcare Associated Infections (HAI)

Risk description
There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment and environment where care is provided is inadequate or inconsistent implementation and monitoring of HAI prevention and

control measures and the threat of emerging and novel pathogens including Covid-19 leading to potential harm and poor experience for both staff and patients.

Governance
Healthcare governance is the committee who will seek assurance on the implementation of agreed plans to mitigate this risk.

Healthcare governance committee previously received minutes from the Lothian Infection Control Advisory Committee (LiCAC), however, this group is under review. The Decontamination Programme Board which previously provided strategic direction, oversight, and expert advice to PLICC and LiCAC is also under review.

Management – Executive Lead: Director of Nursing, Midwifery and AHPs
Management processes are through The Pan Lothian Infection Control Committee (PLICC) and below that acute hospital sites, Health & Social Care Partnerships, Royal Edinburgh and Associated Services infection control groups.

Plans
Ward audits have been completed to assess compliance against HAI standards and these will be used to develop and improvement plan which will form part of the reporting to the PLICC. There are service plans in place for SABs, CDI and EC.

Measures (Nationally reported)
- SAB Rate
- CDI rate
- ECB Rate

Other measures also considered
- MDRO screening compliance
- HPS Surveillance Reports (benchmark with other Boards)
- Compliance with mandatory HAI training
- Audit compliance data and associated action plans
- 100% compliance with HAI SCRIBE
- Number of IMT/PAG with confirmed transmission or acquisition/harm
- Facilities Monitoring Scores
- Covid-19 cases and transmission

Adequacy of controls & grading

Adequate but partially effective; control is properly designed but not being implemented properly.
Grading high (16) remain

3.2.6 **4-hour Emergency Access Target**

Risk Description
There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red and amber Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.

Governance
The Board is the principal governance committee for this risk and will receive seek assurance on the implementation of agreed plans with Healthcare Governance seeking assurance on mechanisms to mitigate any associated clinical risk

Management – Executive Lead: Deputy Chief Executive
The Unscheduled care programme Board is the group with accountability for oversight and delivery of plans to mitigate this risk supported by:

- Unscheduled Care Committee
- Acute Senior Management Team & site Hospital Management Groups
- Unscheduled care is also a topic of focus for the Performance Oversight Board
- Access to Urgent Care

The unscheduled care programme includes:

- Redesign of Urgent Care Phase 1 (supporting the public to access the right care at the right time) Redesign of Urgent Care Phase 2 (improving professional access to same day secondary and community care services)

Discharge planning and transfers of care

- Pan-Lothian discharge protocol, including implementation of Planned Date of Discharge model

Reliable front and back door processes

- Department processes to support achieving 4-hour emergency access standard
- Ward/Discharge Hub/Community Team processes to support timely discharge

System capacity

- Assessment of balance of resources across acute and community, with initial focus on Hospital at Home model

Plans
An unscheduled care programme improvement plan is being collated by the unscheduled care programme director to mitigate this risk.

Measures
National 4 hour waiting times standard

Adequacy of controls & grading
Plans are under development but not yet in place, therefore **inadequate**.

Current grading – Very High 20

Proposed to down grade to high (15) (Impact =moderate, Likelihood = Almost certain) based on current performance

3.2.7 **Access to Treatment**

Risk description
There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19

cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients.

Governance
The Board is the principal governance committee for this risk and will receive seek assurance on the implementation of agreed plans with Healthcare Governance seeking assurance on mechanisms to mitigate any associated clinical risk.

Management – Executive Lead: Deputy Chief Executive
The Scheduled Care Recovery Programme Board (SCRPB) is the group with accountability for plans to mitigate this risk and provides strategic direction and oversight for the scheduled care programme and supported by:

- Four recovery Boards:
  - Acute Outpatients
  - Inpatients & Day Case
  - Diagnostics
  - Cancer
- Acute Senior Management Team & site Hospital Management Groups
- The Performance Oversight Board also provides focussed support to the recovery of these four services.

Plans
Each of the 4 Recovery Boards have plans in place to mitigate this risk, which include at specialty level and are responsible for delivery of those plans specific to their remit. which include actions to:

- Remobilise existing capacity
- Redesign to improve quality of care and outcomes, release capacity and or reduce demand
- Explore options including external support to address backlog activity
- Explore options to close recurrent capacity gap over 1, 3 & 5 year timeframe.
- Prioritise Urgent and urgent suspicion of cancer (USoC)/ long wait patients
- Identify and prioritise resource allocation based on clinical priority

Measures
- Access to cancer service treatment (31/ 62 days)
- Treatment Time Guarantee for relevant inpatients/ day cases
- 8 Key Diagnostic Tests – the Board must ensure the verified report of a test/ investigation is received by/ made available to the requester within 6 weeks of receiving the request
- 95% of patients to be seen within 12-week access to a first outpatient appointment.

Key Performance Indicators:
Performance metrics have been agreed with the 4 Boards and the Scheduled Care Recovery Programme Board to report performance against and measure impacts of agreed actions. Plus, a range of patient experience/ quality and operational efficiency measures.

Adequacy of controls & Grading
Current controls do not mitigate gap between demand and capacity resulting in growing waits and as such are **inadequate**.

Current grading very high (20) to remain due to current performance

3.3 **Proposed New Risks**

3.3.1 **Psychological Therapies**

Risk Description
There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.

Governance
The Board is the principal governance committee for this risk and will receive seek assurance on the implementation of agreed plans, with Health Care Governance seeking assurance on mechanisms to mitigate any associated clinical risk.

Management – Executive Lead: Director of Nursing, Midwifery and AHPs
The principle management group for approving and monitoring the implementation of improvement plans are submitted to Corporate Management Team for consideration. There are a number of programmes, project and advisory groups that support the implementation of the improvement plans.

Plans
A Psychological Therapies improvement plan was approved by the Corporate Management Team

Measures
Psychological waits and trajectories at system and service level

Adequacy of controls & grading
Current controls do not mitigate gap between demand and capacity resulting in growing waits and as such are **inadequate**. **The proposed grading of Very high (20) (Impact = Major, Likelihood = Almost Certain)**

3.3.2 **CAMHS**

Risk Description
There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.

Governance
The Board is the principal governance committee for this risk and will receive seek assurance on the implementation of agreed plans, with Health Care Governance seeking assurance on mechanisms to mitigate any associated clinical risk.

Management – Executive Lead: Director of Nursing, Midwifery and AHPs
The principal management group for approving and monitoring the implementation of improvement plans are submitted to Corporate Management Team for consideration. There are a number of programmes, project and advisory groups that support the implementation of the improvement plans.

Plans
A CAMHS improvement plan was approved by the Corporate Management Team

Measures
CAMHS waits and trajectories at system and service level

Adequacy of controls & grading
Current controls do not mitigate gap between demand and capacity resulting in growing waits and as such are **inadequate**. **The proposed grading of Very high (20) (Impact = Major, Likelihood = Almost Certain)**

3.3.3 **Royal Infirmary of Edinburgh Facilities**

Risk Description
There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:

- Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases)
- Water quality and management of water systems (flushing, temperature control, periodic testing)
- Window safety and maintenance
- Wire Safety

Leading to interruption to services, potential harm to patients and staff and significant remedial costs.

Governance
- Finance & resources is the principal governance committee who will receive regular reports on implementation of agreed plans, with relevant aspects relating to patient safety and experience being lodged with Health Care Governance committee and Health and safety issues to Staff Governance

Management – Executive Lead: Deputy Chief Executive
- RIE Executive Steering Group; Chaired by NHS Lothian Nurse Director
- RIE Estates and facilities improvement group Chair(s)RIE site director & Interim facilities lead, RIE
- Supported by project management office and task and completion working groups (x8)

Plans
- RIE Estates and facilities improvement group have ownership and accountability for development and implementation of risk based, consolidated improvement programme; informed by results of site wide surveys on critical elements fire, ventilation, water, electrical

Measures
- Fortnightly Executive Dashboard

- RIE Estates and Facilities Dashboard
- Task and Completion Work stream Dashboards

Adequacy of Controls and Grading
Inadequate controls as further work is required through surveys to inform development of prioritised improvement plan. In addition, structures to manage this project and integrate with existing infrastructures are new and as such effectiveness unknown.

Proposed grading 15 High (Impact moderate – likelihood almost certain). To be can be revisited as information on current state and work required is evaluated.

3.4 **Chairs Risk Assurance Meeting**

3.4.1 The Audit & Risk Committee (May 2021) discussed and approved the following Chairs' Risk Assurance meeting which is currently being organised and will include the Chief Executive and Executive Leads:

Overall Aim
To establish a consistent and effective approach to the oversight of Risk in Board Committees

Session Objectives
Enhance understanding of:

- NHS Lothians Risk Management System at a corporate level by committee chairs:
    - Risk architecture, how are risks identified, assessed, recorded and the role of the A&R Committee
- How decisions are made to manage/treat the risk:
    - Action plans, management oversight, measuring impact
- The role of Committees and Chairs in providing oversight:
    - Key questions of management
- The linkage between risk management, levels of assurance and committee response
- Summary of discussion and next steps

3.5. **Internal Audit- Risk Management**

- Every year Internal Audit conducts a review of an aspect of the NHSL risk system. The audit is now complete and will be presented to the June 2021 Audit and Risk Committee

4 Key Risks

4.1 The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

5 Risk Register

5.1 Will positively impact on the CRR and associated risk system.

6 Impact on Inequality, Including Health Inequalities

6.1 Not applicable.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 This paper does not consider developing, planning, designing services and/or policies and strategies.

8 Resource Implications

8.1 The resource implications are directly related to the actions required against each risk.

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List of Appendices

There are no appendices to this paper.